



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000121786	2. Exact name of the Corporation Bencosme Enterprise, Inc		
3. Principal Office Address 19 Radcliffe Ave		City Providence	State RI
		Zip 02908	
4. NAICS Code 484121	6. Brief description of the character of business conducted in Rhode Island Trucking		
5. State of Incorporation RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name German S. Bencosme			Vice-President Name		
Street Address 19 Radcliffe Ave			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Nancy Y Bencosme			Treasurer Name German S. Bencosme		
Street Address 19 Radcliffe Ave			Street Address 19 Radcliffe Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name German S. Bencosme			Director Name Nancy Y Bencosme		
Street Address 19 Radcliffe Ave			Street Address 19 Radcliffe Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized 4000 No Per Value			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			4000	No per value	

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative German S. Bencosme	Date 01-22-2019
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Signature of Authorized Representative **FILED** 02