



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 2270		2. Exact name of the Corporation CARL F. BENEVIDES GENERAL CONTRACTOR, INC.			
3. Principal Office Address 70 Tupelo Street		City Bristol		State RI	Zip 02809
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Residential and Commercial Construction, Repair and Renovation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carl F. Benevides			Vice-President Name Carl F. Benevides		
Street Address 304 Metacom Avenue			Street Address 304 Metacom Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Carl F. Benevides			Treasurer Name Carl F. Benevides		
Street Address 304 Metacom Avenue			Street Address 304 Metacom Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carl F. Benevides			Director Name		
Street Address 304 Metacom Avenue			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
500		Common		No Par Value	
Changes require an additional filing.					
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 Carl F. Benevides					Date 1/15/19
Signature of Authorized Representative 					
SIGN DOCUMENT FILED 02					

JAN 28 2019

BY

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