



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 FEB 12 AM 11:06

1 Entity ID Number 18231		2 Exact name of the Corporation HUB- FEDERAL, INC.			
3. Principal Office Address 135 DEAN STREET, PO BOX 1			City PROVIDENCE		State RI
					Zip 02901-0001
4 NAICS Code 423440		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING OF ALL TYPES OF SIGNAGE			
5 State of Incorporation RHODE ISLAND					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name WILLIAM J BENELL			Vice-President Name WILLIAM N. BENELL		
Street Address 135 DEAN STREET, PO BOX 1			Street Address 135 DEAN STREET, PO BOX 1		
City PROVIDENCE	State RI	Zip 02901-0001	City PROVIDENCE	State RI	Zip 02901-0001
Secretary Name JOHN J PATTERA			Treasurer Name WILLIAM J BENELL		
Street Address 414 BROADWAY			Street Address 135 DEAN STREET, PO BOX 1		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02901-0001
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name WILLIAM J BENELL			Director Name WILLIAM N BENELL		
Street Address 135 DEAN STREET, PO BOX 1			Street Address 135 DEAN STREET, PO BOX 1		
City PROVIDENCE	State RI	Zip 02901-0001	City PROVIDENCE	State RI	Zip 02901-0001
Director Name JOHN J PATERRA			Director Name		
Street Address 414 BROADWAY			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
9 Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		0 00	
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 WILLIAM J BENELL					Date 2-11-2019
Signature of Authorized Representative W. J. Benell					

FILED

FEB 12 2019

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