State of Rhode Island and			Date: 2/11/20	19 4:00:00 PN	//	
Department of Sta  Annual Report for the yea		s Services D	ivision		ļ	FILED
Corporation <u>2010</u>			FEB 1 1 2019			
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00			71.2			
→ Penalty: Additional \$25.00 fe	e if form is not fil	ed by April 1.			BY_C	
Entity ID Number	2. Exact name of	· ·		•		()()()
35697	Ben Tre Ltd	l. 				
3. Principal Office Address	City Pawtucket		State RI	Zip <b>02860</b>		
318 Lafayette Street						02000
4. NAICS Code	Brief description of the character of business conducted in Rhode Island     Design and Production					
512199	accign and reduction					
State of Incorporation     RI						
7. List ALL officers (names and add	(200000)			Chack th	a hay ta iar	dicate on attachment [7]
President Name Wendy MacGaw	Check the box to indicate an attachment  Vice-President Name Howard Ben Tre					
Street Address 318 Lafayette Street			Street Address 318 Lafayette Street			
	Ictato	17in			State RI	1Zio
City Pawtucket	RI	<sup>Zip</sup> 02860	City Pawtucket		RI	<sup>Zip</sup> 02860
Secretary Name Howard Ben Tre			Treasurer Name Wendy MacGaw			
Street Address 318 Lafayette Street	t	-	Street Address 318	Lafayette Street		
City Pawtucket	State RI	<sup>Zíp</sup> 02860	City Pawtucket		State Ri	<sup>Zip</sup> 02860
8. List ALL directors (names and ac	idresses)			Check th	e box to in	dicate an attachment 🔲
Director Name Howard Ben Tre			Director Name Wen	dy MacGaw		
Street Address 318 Lafayette Street	Street Address 318 Lafayette Street					
City Pawtucket	State RI	Zip 02860	City Pawtucket		State RI	<sup>Zip</sup> 02860
Director Name		Director Name				
Street Address	Street Address					
City	State	Zîp	City		State	Zip
9. Shares Authorized	<u> </u>	10. Shares Issu	led .	Check th	l e box to ini	l dicate an attachment □
This information is currently of reco	rd in the	NUMBER OF		CLASS/SERIES	- T	PAR VALUE
Department of State.		(		-(5		م
Changes require an additional filing.						
11. This report must be executed o		•			ation is in th	e hands of a receiver or
trustee, this report must be execute Under penalty of perjury, I declar					anying sc	hedules and
statements, and that all statements Name of Authorized Representative		rein are true and	f correct.		Date	
WENDY Mac GAW					2/	4/19
Signature of Authorized Represent	ative	/>			<del>' /</del>	<del>// /</del>
MAIL TO:	W 1/01/		· 7			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov