



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.

FILED
 FEB 11 2019
 BY 203X

1. Entity ID Number 35697		2. Exact name of the Corporation Ben Tre Ltd.			
3. Principal Office Address 318 Lafayette Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 512199		6. Brief description of the character of business conducted in Rhode Island Design and Production			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wendy MacGaw			Vice-President Name Howard Ben Tre		
Street Address 318 Lafayette Street			Street Address 318 Lafayette Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Howard Ben Tre			Treasurer Name Wendy MacGaw		
Street Address 318 Lafayette Street			Street Address 318 Lafayette Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Howard Ben Tre			Director Name Wendy MacGaw		
Street Address 318 Lafayette Street			Street Address 318 Lafayette Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			-5	-5	-5
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 WENDY MACGAW				Date 2/4/19	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov