



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.

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 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
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|  |                    |   |   |                    |                     |
|--|--------------------|---|---|--------------------|---------------------|
| 1. Entity ID Number<br><b>93145</b>  |                    | 2. Exact name of the Corporation<br><b>Benco Management Corporation</b>   |   |                    |                     |
| 3. Principal Office Address<br><b>887 Greenwich Avenue</b>   |                    |   | City<br><b>Warwick</b>  | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 4. NAICS Code<br><b>531390</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>To own real estate and manage restaurant business</b> |   |                    |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |   |   |                    |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                     |
| President Name<br><b>Harvey A. Bennett, Jr.</b>  |                    |   | Vice-President Name<br><b>Patricia J. Bennett</b>   |                    |                     |
| Street Address<br><b>887 Greenwich Avenue</b>  |                    |   | Street Address<br><b>887 Greenwich Avenue</b>   |                    |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02886</b>   | City<br><b>Warwick</b>  | State<br><b>RI</b> | Zip<br><b>02886</b> |
| Secretary Name<br><b>Patricia J. Bennett</b>   |                    |   | Treasurer Name<br><b>Harvey A. Bennett, Jr</b>  |                    |                     |
| Street Address<br><b>887 Greenwich Avenue</b>  |                    |   | Street Address<br><b>887 Greenwich Avenue</b>   |                    |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02886</b>   | City<br><b>Warwick</b>  | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                     |
| Director Name  |                    |   | Director Name   |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| Director Name  |                    |   | Director Name   |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | 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.<br><br>Changes require an additional filing.   |                    |   | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE           |
|  |                    |   | <b>100</b>  | <b>common</b>      | <b>no par value</b> |
| 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.<br><i>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.</i> |                    |   |   |                    |                     |
| Name of Authorized Representative<br><b>Patricia J. Bennett, Secretary</b>   |                    |   |   |                    | Date                |
| Signature of Authorized Representative<br>   |                    |   |   |                    |                     |

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