



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**R.I. DEPT. OF STATE**  
**BUS SVCS DIV**

FAV

**Annual Report for the year: 2019**  
**Corporation**

2019 AUG 29 P 2:37

- 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 <b>74664</b>		2. Exact name of the Corporation <b>145 Dean Inc.</b>			
3. Principal Office Address <b>135 Dean Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>445310</b>		5. Brief description of the character of business conducted in Rhode Island <b>Holding Company Only asset was a Liquor License</b>			
5. State of Incorporation <b>RI</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 <b>William J. Benell</b>			Vice-President Name <b>William N. Benell</b>		
Street Address <b>135 Dean Street, PO Box 1</b>			Street Address <b>135 Dean Street, PO Box 1</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02901</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02901</b>
Secretary Name <b>John J. Pattera</b>			Treasurer Name <b>William J. Benell</b>		
Street Address <b>414 Broadway</b>			Street Address <b>135 Dean Street, PO Box 1</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02901</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 <b>William J. Benell</b>			Director Name <b>William N. Benell</b>		
Street Address <b>135 Dean Street, PO Box 1</b>			Street Address <b>135 Dean Street, PO Box 1</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02901</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02901</b>
Director Name <b>John J. Pattera</b>			Director Name		
Street Address <b>414 Broadway</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	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	PAR VALUE
		100			NPV
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.					
<b>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.</b>					
Name of Authorized Representative <b>William J. Benell</b>					Date <b>8/24/19.</b>
Signature of Authorized Representative <i>William J. Benell</i>					<b>FILED</b>

MAIL TO:  
 Division of Business Services  
 149 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

AUG 29 2019  
 BY *[Signature]* NKPI  
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