



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93145		2. Name of Corporation Benco Management Corporation	
3. Street Address Principal Business Office 887 Greenwich Avenue		City WARWICK	State RI
		Zip 02886	
4. Business Phone No. 4017360161		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE REAL ESTATE			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Harvey A. Bennett, Jr.			Vice President Name Patricia J. Bennett		
Street Address 887 Greenwich Avenue			Street Address 887 Greenwich Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Patricia J. Bennett			Treasurer Name Harvey A. Bennett, Jr.		
Street Address 887 Greenwich Avenue			Street Address 887 Greenwich Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 3 1 4 5

File Date 8/25/05  
 Check No. 1424 C75292  
 By: Km  
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 8/19/05  
 Patricia J. Bennett  
 Print or Type Name of Officer  
 Secretary  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 93145		2. Name of Corporation Benco Management Corporation			
3. Street Address Principal Business Office 887 Greenwich Avenue			City WARWICK	State RI	Zip 02886
4. Business Phone No 4017360161		5. State of Incorporation RHODE ISLAND			6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO MANAGE REAL ESTATE**

**8. NAMES AND ADDRESSES OF THE OFFICERS (X<sup>2</sup> BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Harvey A. Bennett, Jr.			Vice President Name Patricia J. Bennett		
Street Address 887 Greenwich Avenue			Street Address 887 Greenwich Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Patricia J. Bennett			Treasurer Name Harvey A. Bennett, Jr.		
Street Address 887 Greenwich Avenue			Street Address 887 Greenwich Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886

**9. NAMES AND ADDRESSES OF THE DIRECTORS (X<sup>2</sup> BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED (X<sup>2</sup> BOX FOR ATTACHMENT)  11. SHARES ISSUED (X<sup>2</sup> BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMM NO PAR VALUE		100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 3 1 4 5

\*93145 DBC 02/09/04.09:33:06 AM\*

File Date 7/15/04

Check No 18045 C37983

By cm

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer \_\_\_\_\_ Date 7/13/04

Patricia J. Bennett

Print or Type Name of Officer

Secretary

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*93145\*      2. Name of Corporation Benco Management Corporation

3. Street Address Principal Business Office  
1096 WARWICK NECK AVE      City WARWICK      State RI      Zip 02889

4. Business Phone No. 4017360161      5. State of Incorporation RHODE ISLAND      6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO MANAGE REAL ESTATE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Harvey A. Bennett, Jr. Street Address 1096 Warwick Neck Avenue City Warwick      State RI      Zip 02889	Vice President Name Patricia J. Bennett Street Address 1096 Warwick Neck Avenue City Warwick      State RI      Zip 02889
Secretary Name Patricia J. Bennett Street Address 1096 Warwick Neck Avenue City Warwick      State RI      Zip 02889	Treasurer Name Harvey A. Bennett, Jr. Street Address 1096 Warwick Neck Avenue City Warwick      State RI      Zip 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000	COMM	NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*93145 DBC1/21/033:39:34 PM\*

File Date 2-11-03

Check No. 2149

By: Kmc

FOR SECRETARY OF STATE USE ONLY

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.

[Signature]      Date 1/31/03

Signature of Officer  
Patricia J. Bennett  
Print or Type Name of Officer  
Secretary  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **93145** 2. Name of Corporation **Benco Management Corporation**  
 3. Street Address Principal Business Office **1096 Warwick Neck Avenue** City **Warwick** State **RI** Zip **02889**  
 4. Business Phone No. **736-0161** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manage Real Estate**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Harvey A. Bennett, Jr.</b>	Vice President Name <b>Patricia J. Bennett</b>
Street Address <b>1096 Warwick Neck Avenue</b>	Street Address <b>1096 Warwick Neck Avenue</b>
City State Zip <b>Warwick RI 02889</b>	City State Zip <b>Warwick RI 02889</b>
Secretary Name <b>Patricia J. Bennett</b>	Treasurer Name <b>Harvey A. Bennett, Jr.</b>
Street Address <b>1096 Warwick Neck Avenue</b>	Street Address <b>1096 Warwick Neck Avenue</b>
City State Zip <b>Warwick RI 02889</b>	City State Zip <b>Warwick RI 02889</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**2,000 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**100 Common No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 3 1 4 5 \*

File Date: 3/27/2002  
 Check No.: 1963  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 3/24/02  
**Patricia J. Bennett**  
 Print or Type Name of Officer  
**Secretary**  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **93145** 2. Name of Corporation **Benco Management Corporation**  
3. Street Address Principal Business Office **1096 Warwick Neck Avenue** City **Warwick** State **RI** Zip **02889**  
4. Business Phone No. **736-0161** 5. State of Incorporation **RHODE ISLAND** 6. ~~5599~~

7. Brief Description of the Character of Business Conducted in Rhode Island

**Manage Real Estate**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Harvey A. Bennett, Jr.</b>	Vice President Name <b>Patricia J. Bennett</b>
Street Address <b>1096 Warwick Neck Avenue</b>	Street Address <b>1096 Warwick Neck Avenue</b>
City State Zip <b>Warwick RI 02889</b>	City State Zip <b>Warwick RI 02889</b>
Secretary Name <b>Patricia J. Bennett</b>	Treasurer Name <b>Harvey A. Bennett, Jr.</b>
Street Address <b>1096 Warwick Neck Avenue</b>	Street Address <b>1096 Warwick Neck Avenue</b>
City State Zip <b>Warwick RI 02889</b>	City State Zip <b>Warwick RI 02889</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**2,000 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 3 1 4 5 \*

File Date: FILED  
Check No.: JUN 01 2001  
By: cc 18 260  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 5/31/01  
**Patricia J. Bennett**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **93145** 2. Name of Corporation **Benco Management Corporation**  
3. Street Address Principal Business Office **1096 Warwick Neck Avenue** City **Warwick** State **RI** Zip **02889**  
4. Business Phone No. **736-0161** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Manage Real Estate**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
<b>Harvey A. Bennett, Jr.</b>			<b>Patricia J. Bennett</b>		
Street Address			Street Address		
<b>1096 Warwick Neck Avenue</b>			<b>1096 Warwick Neck Avenue</b>		
City	State	Zip	City	State	Zip
<b>Warwick</b>	<b>RI</b>	<b>02889</b>	<b>Warwick</b>	<b>RI</b>	<b>02889</b>
Secretary Name			Treasurer Name		
<b>Patricia J. Bennett</b>			<b>Harvey A. Bennett, Jr.</b>		
Street Address			Street Address		
<b>1096 Warwick Neck Avenue</b>			<b>1096 Warwick Neck Avenue</b>		
City	State	Zip	City	State	Zip
<b>Warwick</b>	<b>RI</b>	<b>02889</b>	<b>Warwick</b>	<b>RI</b>	<b>02889</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>2,000 COMM NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **FILED**

Check No.: **FEB 22 2000**

By: **[Signature]**  
FOR SECRETARY OF STATE USE ONLY

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.

**[Signature]** \_\_\_\_\_  
Signature of Officer Date

**Patricia J. Bennett**  
Print or Type Name of Officer

**Secretary**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>93145</b>		2. Name of Corporation <b>Benco Management Corporation</b>		
3. Street Address Principal Business Office <b>1096 Warwick Neck Avenue</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. Business Phone No. <b>736-0161</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. SIC Code <b>5579</b>				
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manage Real Estate</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Harvey A. Bennett, Jr.</b>		Vice President Name <b>Patricia J. Bennett</b>		
Street Address <b>1096 Warwick Neck Avenue</b>		Street Address <b>1096 Warwick Neck Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>
Secretary Name <b>Patricia J. Bennett</b>		Treasurer Name <b>Harvey A. Bennett, Jr.</b>		
Street Address <b>1096 Warwick Neck Avenue</b>		Street Address <b>1096 Warwick Neck Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>None</b>				
Street Address				
City	State	Zip	City	State
Director Name				
Street Address				
City	State	Zip	City	State
Director Name				
Street Address				
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
<b>2,000 COMM NO PAR VALUE</b>			ISSUED SHARES	
			Number of Shares	Class/Series
			<b>100</b>	<b>Common</b>
				Par Value
				<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 3 1 4 5 \*

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.

File Date: **FILED**

Check No.: **MAR 09 1999**

By: **MD/357**

FOR SECRETARY OF STATE USE ONLY

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**Patricia J. Bennett**

Print or Type Name of Officer

**Secretary**

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>93145</b>		2. Name of Corporation <b>Benco Management Corporalton</b>	
3. Street Address Principal Business Office <b>1096 Warwick Neck Avenue</b>		City <b>Warwick</b>	State <b>RI</b>
4. Business Phone No. <b>736-0161</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manage Real Estate</b>		6. SIC Code <b>5579</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>Harvey A. Bennett, Jr.</b>		Vice President Name <b>Patricia J. Bennett</b>	
Street Address <b>1096 Warwick Neck Avenue</b>		Street Address <b>1096 Warwick Neck Avenue</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02889</b>	
Secretary Name <b>Patricia J. Bennett</b>		Treasurer Name <b>Harvey A. Bennett, Jr.</b>	
Street Address <b>1096 Warwick Neck Avenue</b>		Street Address <b>1096 Warwick Neck Avenue</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02889</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <b>None</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>2,000 COMM NO PAR VALUE</b>		<b>100</b>	<b>Common</b>
	Par Value		Par Value
			<b>npv</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/3/98  
Check No.: 731  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 2/25/98

**Patricia J. Bennett**  
Print or Type Name of Officer

**Secretary**  
Title of Officer