

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

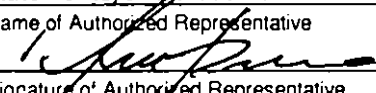
Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 13 2020

BY 2235-801

1. Entity ID Number 001663869		2. Exact name of the Corporation BENJAMINS GENERAL CONTRACTORS INC			
3. Principal Office Address 258 GRATTAN ST			City FALL RIVER	State MA	Zip 02721
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island CONTRACTOR SERVICES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOAO BENJAMIN			Vice-President Name		
Street Address 258 GRATTAN STREET			Street Address		
City FALL RIVER	State MA	Zip 02724	City	State	Zip
Secretary Name			Treasurer Name MARIO BENJAMIN		
Street Address			Street Address 231 BLACKSTONE STREET		
City	State	Zip	City FALL RIVER	State MA	Zip 02724
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		200		COMMON	
				PAR VALUE	
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 					Date
Signature of Authorized Representative JOAO BENJAMIN					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov