



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

Annual Report for the year: **2020**
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

**STAMP
 FILED**

FOR
 SECRETARY OF STATE
 RI ONLY

JUN 23 2020

[Handwritten signature]

1. Entity ID Number 000541517		2. Exact name of the Corporation Benefit Square Corporation			BY <i>[Signature]</i>	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To hold title to land for the private use and enjoyment of its members				
4. NAICS Code 813319 - Other Social Adv						
6. Principal Office Address 35 Benefit Street		City Providence	State RI	Zip 02906		
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>						
President Name Charles Hewitt			Vice-President Name			
Street Address 35 Benefit Street			Street Address			
City Providence	State RI	Zip 02906	City	State	Zip	
Secretary Name Cheryl Zimmerman			Treasurer Name Martin R. Maxey			
Street Address 33 Pratt Street			Street Address 31 Pratt Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>						
Director Name Charles Hewitt			Director Name Cheryl Zimmerman			
Street Address 35 Benefit Street			Street Address 33 Pratt Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906	
Director Name Martin R. Maxey			Director Name			
Street Address 31 Pratt Street			Street Address			
City Providence	State RI	Zip 02906	City	State	Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.						
<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>						
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>						
Name of Officer/Authorized Representative Martin R. Maxey				Date June 17, 2020		
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>				SIGN DOCUMENT HERE		

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