RI SOS Filing Number: 202184864890 Date: 1/6/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

R.I. DEPT. OF STATE BUS SVCS DIV 2021 JAN - 6 PM 1: 36

→ Penalty: Additional \$2							
1. Entity ID Number 2269	l.	2. Exact name of the Corporation BENELL REALTY INC.					
3. Principal Office Address 135 DEAN STREET, PO BOX 1			City PROVIDENCE	State RI	Zip 02901-0001		
4. NAICS Code 531110 5. State of Incorporation RHODE ISLAND		6. Brief description of the character of business conducted in Rhode Island RENTAL OF REAL ESTATE PROPERTY					
	oryl ()ddragaga)			Charles to the control of the contro	- H		
7. List ALL officers (names and addresses) President Name WILLIAM J. BENELL			Check the box to indicate an attachment ☐ Vice-President Name WILLIAM N. BENELL				
Street Address 135 DEAN STREET, PO BOX 1			Street Address 135 DEAN STREET, PO BOX1				
City PROVIDENCE	State RI	Z ₁ p ₀₂₉₀₃	City PROVIDENCE	State RI	Z P 02901-0001		
Secretary Name WILLIAM J. BENELL			Treasurer Name WILLIAM N. BENELL				
Street Address 135 DEAN STREET, PO BOX 1			Street Address 135 DEAN STREET, PO BOX 1				
City PROVIDENCE	State RI	^{Z₁p} 02901-0001	City PROVIDENCE	State RI	^{Zip} 02901-0001		
8. List ALL directors (names	and addresses)	<u> </u>		Check the box to in	ndicate an attachment 🔲		
Director Name WILLIAM J. BENELL		Director Name WILLIAM N. BENELL					
Street Address 135 DEAN STREET, PO BOX 1			Street Address 135 DEAN STREET, PO BOX 1				
^{City} PROVIDENCE	State R1	Z _{IP} 02901-0001	City PROVIDENCE	State R1	Z-p 02901-0001		
Director Name JOHN J. PATERRA II			Director Name				
Street Address 414 BROADWAY			Street Address				
City PROVIDENCE	State RI	^{Zip} 02903	City	State	Zip		
		10. Shares Issu			ndicate an attachment 🔲		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF S	HARES	CLASS/SERIES PAR VALUE 0.00			
		-					
11. This report must be executrustee, this report must be a Under penalty of perjury, is statements, and that all st	executed on behalf of declare and affirm t	the corporation by the hat I have examined	e receiver or trustee. I this report, including a				
Name of Authorized Representative				Date			
WILLIAM J. BENELL			511.50	1/04/202	1/04/2021		
Signature of Authorized Rep	presentative /	ell	FILED				
MAIL TO:	/		JAN 06 202	広ブ			

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020