RISÓS Fi	ling Number: '	202192458890) Data: 2/10	Date: 2/19/2021 4:00:00 PM			
State of Rhode Island	•		Date. 2/19/	2021 4.00.00 I W			
Department of			Division	e-4) (1. <i>Ελ</i> κον.		
nnual Report for the year: 2021					3	<u>.</u>	
Sorporation ————————————————————————————————————			FEB 1 9 2021				
→ Filing period: January 1	- March 1			LED I	9 2021	2	
→ Filing Fee: \$50.00				BV 10	199		
Penalty: Additional \$25.0	00 fee if form is no	ot filed by April 1.		WL <u>W_</u> /	<u> </u>		
Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
64846	White Manu	facturing Co., Inc	. d/b/a Benchmark	USA Promotional Pro	ducts, Inc.		
. Principal Office Address			City	Sta	ate	Zip	
50 Applegate Rd			Cranston	RI	i	02920	
NAICS Code 6. Brief description of the charact			ter of business cor	ducted in Rhode Island			
612990	Promotiona	Promotional products.					
. State of Incorporation							
Rhode Island							
List ALL officers (names and	addresses)	·			ox to indicate a	in attachment 🔲	
President Name Marie M. White			Vice-President Name None				
treet Address 150 Applegate Road			Street Address				
			0.5			r a:	
Cranston	State RI	Zip 02920	City	Sta	te	Zip	
ecretary Name Marie M. White			Treasurer Name	Marie M. White			
		- · · · · · · · · · · · · · · · · · · ·	1			· · · · · · · · · · · · · · · · · · ·	
treet Address 150 Applegate Road			Street Address 150 Applegate Road				
City Cranston	State RI	^{Zip} 02920	City Cranston		State RI Zip 02920		
List ALL directors (names an	d addresses)		In:	Check the b	ox to indicate a	n attachment	
irector Name Marie M. White			Director Name				
Street Address 150 Applegate F	Road		Street Address		<u>.</u>		
City Cranston	State RI	^{Zip} 02920	City		te	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	Sta	te	Zip	
. Shares Authorized		10. Shares Iss			ox to indicate a	n attachment 🔲	
his information is currently of record in the epartment of State.		NUMBER O	F SHARES	CLASS/SERIES PAR VALUE			
		100		COMMON	NO P	NO PAR	
Changes require an additional fil	ang.						
1. This report must be execute	ed on behalf of the	corporation by an	authorized represer	ntative. If the corporation	is in the hand	s of a receiver or	
rustee, this report must be exe Inder penalty of perjury, I de					ina schedule	s and	
tatements, and that all state	ments contained						
Name of Authorized Representative					Date		
Marie M. White, President		•		1	6115 /	7 /	

GO DOCUMENT HERE

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Signature of Authorized Representative

Website: www.sos.ri.gov