RI SOS Filing Number: 202197147230 Date: 5/21/2021 1:30:00 PM

State of Rhode Island
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.

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BUS SVCS DIV
2021 MAY 21 P 1:28

1. Entity ID Number	2. Exact name of the Corporation		
000042729	BENJAMIN'S III, INC.		
3. Principal Office Address: 5 VALLEY STREET	City: Cumberland	State: RI	Zip: 02864
4. NAICS Code: 722410	6. Brief description of the character of business conducted in Rhode Island: RESTAURANT/LOUNGE		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MARIA ALMEIDA			Vice-President Name		
Street Address: 15 GRAFTON STREET			Street Address		
City: LINCOLN	State: RI	Zip: 02865	City	State	Zip
Secretary Name: ALBERTINA MATOS			Treasurer Name		
Street Address: 5 VALLEY STREET			Street Address		
City: CUMBERLAND	State: RI	Zip: 02864	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		

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: Albertina Matos
Date: 5-30-2021
Signature of Authorized Representative: Albertina Matos

FILED
MAY 21 2021
1:30
IL RAZOR

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

FORM 630 - Revised: 08/2020