



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

FILED

JUN 14 2021

Annual Report for the year: 2021
 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.

BY [Signature]

1. Entity ID Number 000541517		2. Exact name of the Corporation Benefit Square Corporation			
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.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Martin R. Maxey				Date 6/14/21	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

SIGN DOCUMENT HERE