



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 2262		2. Exact name of the Corporation Beneficial Energy Products, Inc.			
3. Principal Office Address 450 West Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Install insulation, windows, doors and weather stripping.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard V. Battista			Vice-President Name Vincent a. Battista		
Street Address 6 Crystal Court			Street Address 6 Crystal Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Yolanda Battista			Treasurer Name Richard V. Battista		
Street Address 6 Crystal Court			Street Address 6 Crystal Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard V. Battista			Director Name Yolanda Battista		
Street Address 6 Crystal Court			Street Address 6 Crystal Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 <input type="checkbox"/>			
		NUMBER OF SHARES 50	CLASS/SERIES Common	PAR VALUE None	
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 Richard V. Battista, President					Date
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov