



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

FILED 7

JAN 31 2024  
BY [Signature]

1. Entity ID Number <b>2303</b>		2. Exact name of the Corporation <b>Edwin H. Benz Company</b>			
3. Principal Office Address <b>73 Maplehurst Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>31-33</b> <u>221991</u>		6. Brief description of the character of business conducted in Rhode Island <b>Manufacture Testing Instruments</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edwin H. Benz, Jr.</b>			Vice-President Name		
Street Address <b>130 Brentwood Drive</b>			Street Address		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Edwin H. Benz, Jr.</b>			Director Name <b>Eileen Benz</b>		
Street Address <b>130 Brentwood Drive</b>			Street Address <b>283 Whitford Avenue</b>		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/PERF	PAR VALUE
		<b>250</b>			<b>none</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Eileen J. Benz</b>					Date <b>1/19/2023</b>
Signature of Authorized Representative <u>[Signature]</u>					

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