



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SERVICES DIV.  
2023 JAN 30 4:49

1. Entity ID Number <b>2269</b>		2. Exact name of the Corporation <b>BENELL REALTY INC.</b>			
3. Principal Office Address <b>135 DEAN ST., PO BOX 1</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02901-0001</b>
4. NAICS Code <b>53 REAL ESTATE RENT</b>		6. Brief description of the character of business conducted in Rhode Island <b>RENTAL OF REAL ESTATE PROPERTIES</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>WILLIAM J. BENELL</b>			Vice-President Name <b>WILLIAM N. BENELL</b>		
Street Address <b>135 DEAN STREET</b>			Street Address <b>135 DEAN STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>WILLIAM J. BENELL</b>			Treasurer Name <b>DONNA J. BENELL</b>		
Street Address <b>135 DEAN STREET</b>			Street Address <b>135 DEAN STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
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>WILLIAM J. BENELL</b>			Director Name <b>WILLIAM N. BENELL</b>		
Street Address <b>135 DEAN STREET</b>			Street Address <b>135 DEAN STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>DONNA J. BENELL</b>			Director Name <b>JOHN J. PATERRA 11</b>		
Street Address <b>135 DEAN STREET</b>			Street Address <b>166 DEAN STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
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/STRIKES	PAR VALUE
		<b>100</b>		<b>CNP</b>	<b>0.000</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.					
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 <b>WILLIAM J. BENELL</b>				Date <b>1/27/2023</b>	
Signature of Authorized Representative 				<b>1-27-23</b>	

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

FILED

JAN 30 2023  
BY ML QOM70

FORM 630 - Revised: 11/2021