



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**  
 FEB 09 2023  
 BY *[Signature]*

|  |                    |  |   |                       |                     |
|--|--------------------|--|---|-----------------------|---------------------|
| 1. Entity ID Number<br><b>2270</b>   |                    | 2. Exact name of the Corporation<br><b>Carl F. Benevides General Contractor, Inc.</b>  |   |                       |                     |
| 3. Principal Office Address<br><b>70 Tupeol Street</b>   |                    |  | City<br><b>Bristol</b>  | State<br><b>RI</b>    | Zip<br><b>02809</b> |
| 4. NAICS Code<br><b>238110</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Residential and Commercial Construction, Repair and Renovation</b> |   |                       |                     |
| 5. State of Incorporation<br><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<br><b>Carl F. Benevides</b>   |                    |  | Vice-President Name<br><b>Carl Benevides</b>  |                       |                     |
| Street Address<br><b>304 Metacom Avenue</b>  |                    |  | Street Address<br><b>24 Casey Drive</b>   |                       |                     |
| City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>  | City<br><b>Bristol</b>  | State<br><b>RI</b>    | Zip<br><b>02809</b> |
| Secretary Name<br><b>Carl F. Benevides</b>   |                    |  | Treasurer Name<br><b>Carl F. Benevides</b>  |                       |                     |
| Street Address<br><b>304 Metacom Avenue</b>  |                    |  | Street Address<br><b>304 Metacom Avenue</b>   |                       |                     |
| City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>  | City<br><b>Bristol</b>  | State<br><b>RI</b>    | Zip<br><b>02809</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<br><b>Carl F. Benevides</b>  |                    |  | Director Name   |                       |                     |
| Street Address<br><b>304 Metacom Avenue</b>  |                    |  | Street Address  |                       |                     |
| City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>  | City  | State                 | Zip                 |
| 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.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  | CLASS/SERIES          | PAR VALUE           |
|  |                    |  | <b>500</b>  | <b>Common</b>         | <b>No Par Value</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.<br><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<br><b>Carl F. Benevides</b>  |                    |  |   | Date<br><b>2/2/23</b> |                     |
| Signature of Authorized Representative<br><i>[Signature]</i>   |                    |  |   |                       |                     |

**MAIL TO:**  
 Division of Business Services  
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