

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

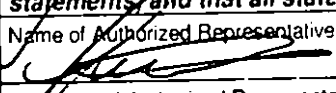
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|-----------------|
| 1. Entity ID Number<br>001663869                                                                                                                                                                                                                  |                                                                                                    | 2. Exact name of the Corporation<br>BENJAMINS GENERAL CONTRACTORS INC                                                 |                                         |              |                 |
| 3. Principal Office Address<br>258 GRATTAN ST                                                                                                                                                                                                     |                                                                                                    | City<br>FALL RIVER                                                                                                    |                                         | State<br>MA  | Zip<br>02721    |
| 4. NAICS Code<br>236110                                                                                                                                                                                                                           | 6. Brief description of the character of business conducted in Rhode Island<br>CONTRACTOR SERVICES |                                                                                                                       |                                         |              |                 |
| 5. State of Incorporation<br>MA                                                                                                                                                                                                                   |                                                                                                    |                                                                                                                       |                                         |              |                 |
| 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>JOAO BENJAMIN                                                                                                                                                                                                                   |                                                                                                    |                                                                                                                       | Vice-President Name                     |              |                 |
| Street Address<br>258 GRATTAN STREET                                                                                                                                                                                                              |                                                                                                    |                                                                                                                       | Street Address                          |              |                 |
| City<br>FALL RIVER                                                                                                                                                                                                                                | State<br>MA                                                                                        | Zip<br>02724                                                                                                          | City                                    | State        | Zip             |
| Secretary Name                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                       | Treasurer Name<br>MARLO BENJAMIN        |              |                 |
| Street Address                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                       | Street Address<br>231 BLACKSTONE STREET |              |                 |
| City                                                                                                                                                                                                                                              | State                                                                                              | Zip                                                                                                                   | City<br>FALL RIVER                      | State<br>MA  | Zip<br>02724    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |                                                                                                    |                                                                                                                       |                                         |              |                 |
| Director Name                                                                                                                                                                                                                                     |                                                                                                    |                                                                                                                       | Director Name                           |              |                 |
| Street Address                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                       | Street Address                          |              |                 |
| City                                                                                                                                                                                                                                              | State                                                                                              | Zip                                                                                                                   | City                                    | State        | Zip             |
| Director Name                                                                                                                                                                                                                                     |                                                                                                    |                                                                                                                       | Director Name                           |              |                 |
| Street Address                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                       | Street Address                          |              |                 |
| City                                                                                                                                                                                                                                              | State                                                                                              | Zip                                                                                                                   | City                                    | State        | Zip             |
| 9. Shares Authorized <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>Changes require an additional filing.                                                                                                                                      |                                                                                                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                         |              |                 |
|                                                                                                                                                                                                                                                   |                                                                                                    | NUMBER OF SHARES                                                                                                      |                                         | CLASS/SERIES |                 |
|                                                                                                                                                                                                                                                   |                                                                                                    | 2.00                                                                                                                  |                                         | COMMON       |                 |
| 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<br>                                                                                                                           |                                                                                                    |                                                                                                                       |                                         |              | Date<br>3-14-23 |
| Signature of Authorized Representative<br>JOAO BENJAMIN                                                                                                                                                                                           |                                                                                                    |                                                                                                                       |                                         |              |                 |

## MAIL TO:

Division of Business Services

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