RI SOS Filing Number: 202331297180 Date: 3/15/2023 4:00:00 PM

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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.

MAR 15 2023
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1. Entity ID Number	2. Exact name of the Corporation		
001663869	BENJAMINS GENERAL CONTRACTORS INC		
3. Principal Office Address	City	State	Zip
258 GRATTAN ST	FALL RIVER	MA	02721
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236110	CONTRACTOR SERVICES		
5. State of Incorporation			
MA			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JOAO BENJAMIN					
Street Address			Street Address		
258 GRATTAN STREET					
City	State	Zip	City	State	Zip
FALL RIVER	MA	02724			
Secretary Name			Treasurer Name		
			MARIO BENJAMIN		
Street Address			Street Address		
			231 BLACKSTONE STREET		
City	State	Zip	City	State	Zip
			FALL RIVER	MA	02724

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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

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 — Date 3-14-23

Signature of Authorized Representative
JOAO BENJAMIN

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

FORM 630 - Revised: 11/2021