Filing period: February 1 May 1 Filing Fee. \$50.00 Penalty. Additional \$25.00 fee if form is not filed by May 31. Entity ID Number	€ 03/12/2023 5 51 PM	Filing Number	_ ~ _		2.2.31	15/2023 4:0				
Filing period: February 1 May 1 Filing period: February 1 May 1 Filing period: February 1 May 1 Filing fee 55:00 Penelty: Additional \$25:00 fee if form is not filed by May 31. Entity ID Number			Serv	ices Division						
Enoty ID Number 2 Exact name of the Corporation 201663869 BENJAMINS GENERAL CONTRACTORS INC State Zip 201663869 BENJAMINS GENERAL CONTRACTORS INC City State Zip 2016110 2016	nnual Report for the orporation	MAR 1 5 2023								
Enoty ID Number 2 Exact name of the Corporation 201663869 BENJAMINS GENERAL CONTRACTORS INC State Zip 201663869 BENJAMINS GENERAL CONTRACTORS INC City State Zip 2016110 2016	Filing period: February 1 I	May 1					a .	O 2	0/	
Entity ID Number 001663869 BENJAMINS GENERAL CONTRACTORS INC Principal Office Address 258 GRATTAN ST NAICS Code 236110 Size of Incorporation MA CONTRACTOR SERVICES Check the box to indicate an attachment Vice-President Name JOAD BENJAMIN Street Address 258 GRATTAN STREET AND DESCRIPTION OF SERVICES Check the box to indicate an attachment Vice-President Name JOAD BENJAMIN Street Address Street Address 258 GRATTAN STREET AND DESCRIPTION OF SERVICES Chy State Zip Check the box to indicate an attachment check the box to indicate an attachmen	Filing Fee: \$50.00						42		10	
State Address Street Address Street Address State Zp Chy State Zp Check the box to indicate an attachment Changes require an additional filing Chock the box to indicate an attachment Changes require an additional filing Changes require an additional filing Chock the box to indicate an attachment Changes require an additional filing Changes require	Penalty: Additional \$25.00	fee if form is not filed b	y May 3	1.			س مر			
Enricipal Office Address City State Zip City Check the box to indicate an attachment Changes require an additional filling Zip City Check the box to indicate an attachment Check than City City Check than Check than City City Check than City City Check than City City Check than City Cit	. Entity ID Number	2. Exact name of	of the Co	rpolation						
Pencept Office Address	001663869	BENJAMI	NS G	ENERAL CO	NTRACTOR	RS INC		,		_
ANGS Code 2.36.11.0 State of Incorporation MA CONTRACTOR SERVICES List ALL officers (injimes and addresses) Check the box to indicate an attachment Vice-Fresident Name Vic	. Principal Office Address				1 '					
236110 State of Incorporation MA CONTRACTOR SERVICES Check the box to indicate an attachment President Name JOAO BENJAMIN Street Address 258 GRATTAN STREET 30y FALL RIVER MA 02724 Treasurer Name MARIO BENJAMIN Street Address City State Zip Check the box to indicate an attachment Director Name Director Name Director Name Street Address City State Zip City State Zip Conck the box to indicate an attachment Conck the box to indicate an attachment City City State Zip City State Zip City State Zip City State Zip Conck the box to indicate an attachment Conck the box to indicate an attachment City City State Zip City State Zip City State Zip City State Zip Conck the box to indicate an attachment Conck the box to indicate an attachment City City State City Sta	258 GRATTAN ST	I'						MA	1 02/21	
State of Incorporation MA CONTRACTOR SERVICES Check the box to indicate an attachment Vice-Fresident Name JOAO BENJAMIN Street Address 258 GRATTAN STREET City State Zp Check the box to indicate an attachment Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip Check the box to indicate an attachment Director Name Street Address City State Zip City State Zip Director Name City State Zip City State Zip City State Zip Check the box to indicate an attachment Director Name City State Zip Director Name City State Zip City State Zip City State Zip Check the box to indicate an attachment Director Name City State Zip City State Zip City State Zip City State Zip Director Name City State Zip Check the box to indicate an attachment Changes require an additional filling. Changes require an add	. NAICS Code	6. Brief descript	ion of th	e character of bus	iness conducted	in Rhode Island				
List ALL officers (names and addresses) Check the box to indicate an attachment Proceident Name JOAO BENJAMIN Street Address Street Address Street Address Street Address Street Address Street Address City State Street Address Street Address Street Address City State Street Address Street Address City State Street Address Check the box to indicate an attachment Director Name Street Address City State City State Street Address City State Concek the box to indicate an attachment Director Name Street Address City State City State City State City State City State City State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to indicate an attachment Number of State Concek the box to	236110									
Check the box to indicate an attachment of the corporation by the resident Name of Modrees (City State PALL RIVER MA 02724 State PALL RIVER MA 02724 Treasurer Name MAR10 BFNJAMIN Street Address Street Address Street Address State PALL RIVER MA 02724 Treasurer Name MAR10 BFNJAMIN Street Address Street Address State PALL RIVER MA 02724 Treasurer Name MAR10 BFNJAMIN Street Address State PALL RIVER MA 02724 Treasurer Name MAR10 BFNJAMIN Street Address State PALL RIVER MA 02725 That City State PALL	5. State of Incorporation									
Check the box to indicate an attachment of the corporation by the resident Name of Modrees (City State PALL RIVER MA 02724 State PALL RIVER MA 02724 Treasurer Name MAR10 BFNJAMIN Street Address Street Address Street Address State PALL RIVER MA 02724 Treasurer Name MAR10 BFNJAMIN Street Address Street Address State PALL RIVER MA 02724 Treasurer Name MAR10 BFNJAMIN Street Address State PALL RIVER MA 02724 Treasurer Name MAR10 BFNJAMIN Street Address State PALL RIVER MA 02725 That City State PALL	МΔ	CONTRAC	TOR	SERVICES						
President Name JOAO BENJAMIN Street Address 258 GRATTAN STREET Sity State Zip FALL RIVER MA 02724 Trossurer Name MARIO BENJAMIN Street Address Street Address Street Address Street Address City State Zip Director Name Director Name Street Address City State Zip City State Zip Director Name Director Name Street Address City State Zip Director Name Street Address City State Zip Director Name This information is currently of record in the Department of State. Changes require an additional filing. This information is currently of record in the Department of State. Changes require an additional filing. This proof 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 contained herein are true and correct. Name of Authorized Representative							Check the box	to indica	te an attachment	
Street Address Stre	President Name				Vice-Preside	ent Name				
Street Address 258 GRATTAN STREET Street Address Street Add			_				<u> </u>			_
City State Zip Check the box to indicate an attachment Director Name Street Address City State Zip City State Zip City State Zip Check the box to indicate an attachment Director Name Director Name Director Name Director Name Director Name Director Name Street Address City State Zip	Street Address		Street Address							
Street Address Stre	258 GRATTAN S	TREET		_ <u></u>			- 15 -		7:0	
Screet Address Street Address Street Address Street Address Street Address 2.3.1 BLACKSTONE STREET City State Zip City State Name Check the box to indicate an attachment Director Name Street Address Street Address City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip Street Address City State Zip Check the box to indicate an attachment Check the box to indicate an attachment of the Composition of State. Changes require an additional filing. 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 furstee. Changes require an additional filing. 11. This report must be executed on behalf of the corporation by the receiver or furstee. Changes require an additional filing. 11. This report must be executed on behalf of the corporation by the receiver or furstee. Changes require an additional filing. 11. This report must be executed on behalf of the corporation by the receiver or furstee. Changes require an additional filing and accompanying schedules and statements and that all statements contained herein are true and correct. Name of Adubroized Representative	City	State			City		State	İ	Zip	
Street Address Check the box to indicate an attachment Director Name Director Name Street Address Street	FALL RIVER	<u>MA</u>	02	2724		_				
Street Address Street Address 23 BLACKSTONE STREET City State Zip City FALL RIVER MA C2724 3. List ALL directors (names and æddresses) Check the box to indicate an attachment Director Name Director Name Street Address City State Zip City State Zip Director Name Director Name Director Name Street Address City State Zip Check the box to indicate an attachment Director Name Street Address Street Address City State Zip City State Zip City State Zip Check the box to indicate an attachment Zip City State Zip City State Zip Check the box to indicate an attachment Zip City State Zip City State Zip Check the box to indicate an attachment Zip Check the box to indicate an attachment Zip City State Zip Check the box to indicate an attachment Zip Check the box to indicate an attachment Zip City State Zip Check the box to indicate an attachment Zip Check the box to indicate an attachment Zip Check the box to indicate an attachment Zip City State Zip City State Zip Check the box to indicate an attachment Zip City State Zi	Secretary Name						NT.		•	
City State Zip City State Director Name Cit							IN			
City State Zip City FALL RIVER MA C272.4 3. 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 Street Address Street Address City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Cneck the box to indicate an attachment This information is currently of record in the Department of State. Zip CMBCN Strates CLASS/SLAIES PAR VALUE Changes require an additional filing. Changes require an additional filing. 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	Street Address						e erore	'n		
City State Zip Check the box to indicate an attachment Director Name Director Name Director Name			State Zip							
City State Zip Concept the box to indicate an attachment NUMBERON STATES CLASSISLATES PARTYALUE Zip Common C	City	State				1			1 '	
Director Name Street Address City State Zip City State Zip Director Name Director Name Director Name Street Address				LEVER	1(1 (1.1(x to indica			
Street Address City State Zip City State Zip Director Name Street Address Street Address Street Address City State Zip Common This information is currently of record in the Department of State. Zip Common NUMBER OF SHARES CLASS/SLATES PAR VALUE PAR VALUE Changes require an additional filing. 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 publicized Representative Signature of Authorized Representative		and addresses)			Director Nar	me				
City State Zip City State Zip Director Name Street Address Street Address Street Address Street Address City State Zip City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Cneck the box to indicate an attachment NUMBER OF SHARES CLASSISLIES PARY VALUE Department of State. Changes require an additional filling. 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 Mithorized Representative Signature of Authorized Representative	Director Name				Direction (Val	0				
Director Name Director Name	Street Address				Street Addre	ess				
Director Name Director Name					City		State		Zip	
Street Address Street Address City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Cneck the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE Changes require an additional filing. 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 Bulborized Representative Signature of Authorized Representative	City	State	Zip		City					
Gity State Zip City State Zip City State Zip City State Zip 10. Shares Issued Cneck the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE Changes require an additional filing. 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 purportized Representative Date Zip City State Zip City State Zip Common	Director Name	<u> </u>	Director Name							
State Zip City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Cneck the box to indicate an attachment This information is currently of record in the Department of State. Changes require an additional filing. 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 Signature of Authorized Representative	Street Address			<u> </u>	Street Addr	ess				
This information is currently of record in the Department of State. Changes require an additional filing. 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 Mithorized Representative Date 2 - 14 - 23 Signature of Authorized Representative		State	Zip		City		State		Zip	
This information is currently of record in the Department of State. Changes require an additional filing. 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 Signature of Authorized Representative	Shares Authorized			10. Shares Issue	\ d		Check the b	ox to indic	ate an attachment	_
Changes require an additional filing. 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 2.00 COMMON The hands of a 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. Date 2.14-23		atly of record in the				CLAS	SS/SEAIFS		PAR VALUE	_
Changes require an additional filing. 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 2 - 14 - 23 Signature of Authorized Representative		my or record in the	ľ	2.0	00	COMMON	1			_
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a fectival distribution 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 Muthorized Representative Date 2 - 14 - 25 Signature of Authorized Representative		ional filing.]			<u> </u>		Ļ	<u> </u>	
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 2 - 14 - 2 ?	11. This report must be exec	cuted on behalf of the c	orporati	on by an authorize	d representative.	If the corporation	is in the hand:	s of a rece	HVEF OF	
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 Mulhorized Representative Signature of Authorized Representative	l .		h	rection by the reco	iver or trustee					_
Name of Authorized Representative Signature of Authorized Representative Date 3 - 14 - 25	Under penalty of perju	iry, I declare and at	ffirm th	at I have exam	lined this repo	ort, including a	any accompa	anying s	uneudics and	
Name of Authorized Representative Signature of Authorized Representative	statements, and that a	II statements conta	ained l	nerein are true	and correct.		<u> </u>	 -		_
Signature of Authorized Representative								12,2	-14-27	
	the			<u> </u>				حب		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov