



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
MAR 23 2023
BY *[Signature]*

1. Entity ID Number 103782		2. Exact name of the Corporation BENTSEN SIGNWORKS, LTD.	
3. Principal Office Address 26 DOUGLAS STREET		City JAMESTOWN	State RI
		Zip 02835	
4. NAICS Code 339999	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE DESIGN, MANUFACTURE AND SALE OF CUSTOM SIGNS AND SIGNAGE.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PAUL P. BENTSEN		Vice-President Name	
Street Address 26 DOUGLAS STREET		Street Address	
City JAMESTOWN	State RI	Zip 02835	
Secretary Name PAUL P. BENTSEN		Treasurer Name PAUL P. BENTSEN	
Street Address 26 DOUGLAS STREET		Street Address 26 DOUGLAS STREET	
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN State RI Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	COMMON
		PAR VALUE	NONE
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 PAUL P. BENTSEN, PRESIDENT		Date 3/16/23	
Signature of Authorized Representative <i>Paul P. Bentsen</i>			

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