



State of Rhode Island

Department of State - Business Services Division

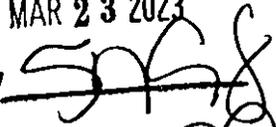
Annual Report for the year: 2023

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 

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	City	State	Zip	
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	PAR VALUE	
		100		COMMON	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. <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 PAUL P. BENTSEN, PRESIDENT					Date 3/16/23	
Signature of Authorized Representative 						

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