



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

STAMP

JAN 23 2024

033102

1. Entity ID Number 2303		2. Exact name of the Corporation Edwin H. Benz Co., Inc.			
3. Principal Office Address 73 Maplehurst Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 321991		6. Brief description of the character of business conducted in Rhode Island Manufacture Testing Instruments			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Edwin H. Benz, Jr.			Vice-President Name		
Street Address 130 Brentwood Drive			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Edwin H. Benz, Jr.			Director Name Eileen Benz		
Street Address 130 Brentwood Drive			Street Address 283 Whitford Avenue		
City North Smithfield	State RI	Zip 02896	City Providence	State RI	Zip 02908
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES      CLASS SERIES      PAR VALUE		
			250           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 Eileen J. Benz				Date 1/22/2024	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630- Revised. 12/2023