



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.

REC'D RIDOS BSD
24 FEB 5 PM 1:07:39

1. Entity ID Number 2269		2. Exact name of the Corporation BENELL REALTY INC.			
3. Principal Office Address 135 DEAN STREET, PO BOX 1			City PROVIDENCE	State RI	Zip 02901
4. NAICS Code 53 REAL ESTATE RENT		6. Brief description of the character of business conducted in Rhode Island RENTAL OF REAL ESTATE PROPERTIES			
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 WILLIAM J. BENELL			Vice-President Name WILLIAM N. BENELL		
Street Address 135 DEAN STREET			Street Address 135 DEAN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name WILLIAM J. BENELL			Treasurer Name DONNA J. BENELL		
Street Address 135 DEAN STREET			Street Address 135 DEAN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name WILLIAM J. BENELL			Director Name WILLIAM N. BENELL		
Street Address 135 DEAN STREET			Street Address 135 DEAN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name DONNA J. BENELL			Director Name JOHN J. PATERRA II		
Street Address 135 DEAN STREET			Street Address 166 DEAN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		CNP	0.00
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 WILLIAM J. BENELL				Date 1/31/2024	
Signature of Authorized Representative 				FILED FEB - 5 2024 BY BSA 9M	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-26*5
Phone: (401) 222-3040
Website: www.sos.ri.gov