

ANNE4454 02/09/2024 11:20 AM

**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

FILED
FEB 09 2024
BY 242467

1 Entity ID Number <u>001679731</u>		2 Exact name of the Corporation <u>ANNE BENSON STABLES</u>				
3 Principal Office Address <u>805 MIDDLE RD</u>			City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	
4 NAICS Code <u>541990</u>		6 Brief description of the character of business conducted in Rhode Island <u>HORSES</u>				
5 State of Incorporation <u>RI</u>						
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>ANNE BENSON</u>			Vice-President Name			
Street Address <u>805 MIDDLE RD</u>			Street Address			
City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	
		<u>1</u>		<u>CWP</u>	<u>01</u>	
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. <i>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.</i>						
Name of Authorized Representative <u>Anne Benson</u>					Date <u>2/7/24</u>	
Signature of Authorized Representative <u>ANNE BENSON</u>						

MAIL TO:
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Website: www.sos.n.gov