

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:

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