



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
MAR 15 2024
BY 211
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1. Entity ID Number 130779		2. Exact name of the Corporation Rhode Island Rebar, Inc.			
3. Principal Office Address 7 Judy Drive			City Bristol	State RI	Zip 02809
4. NAICS Code 238110,238120		6. Brief description of the character of business conducted in Rhode Island Installation of rebar.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barbara Benevides			Vice-President Name Alipio Benevides		
Street Address 7 Judy Drive			Street Address 7 Judy Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Alipio Benevides			Treasurer Name Barbara Benevides		
Street Address 7 Judy Drive			Street Address 7 Judy Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Barbara Benevides			Director Name Alipio Benevides		
Street Address 7 Judy Drive			Street Address 7 Judy Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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
			200		common
					no par value
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 Barbara Benevides, President & Treasurer				Date 1/5/24	
Signature of Authorized Representative Barbara Benevides					

MAIL TO:
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