



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 19 2024

BY 6045

1. Entity ID Number 103782		2. Exact name of the Corporation BENTSEN SIGNWORKS, LTD.			
3. Principal Office Address 26 DOUGLAS STREET		City JAMESTOWN		State RI	Zip 02835
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE DESIGN, MANUFACTURE AND SALE OF CUSTOM SIGNS AND SIGNAGE.			
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 PAUL P. BENTSEN			Vice-President Name		
Street Address 26 DOUGLAS STREET			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name PAUL P. BENTSEN			Treasurer Name PAUL P. BENTSEN		
Street Address 26 DOUGLAS STREET			Street Address 26 DOUGLAS STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
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					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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. 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 PAUL P. BENTSEN, PRESIDENT				Date 3/17/24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023