


**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.

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1. Entity ID Number 001663869		2. Exact name of the Corporation Benjamins General Contractors, Inc.												
3. Principal Office Address 258 Grattan Street			City Fall River		State MA									
			Zip 02721											
3. NAICS Code 236118		4. Brief description of the character of business conducted in Rhode Island Construction/Contracting												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Joao Benjamin			Vice-President Name Mario Benjamin											
Street Address 258 Grattan Street			Street Address 231 Blackstone St											
City Fall River	State MA	Zip 02721	City Fall River	State MA	Zip 02721									
Secretary Name Joao Benjamin			Treasurer Name Mario Benjamin											
Street Address 258 Grattan Street			Street Address 258 Grattan Street											
City Fall River	State MA	Zip 02721	City Fall River	State MA	Zip 02721									
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; font-size: 1.5em;">200</td> <td style="text-align: center;">cnp</td> <td style="text-align: center;">no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	cnp	no par value			
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200	cnp	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 Joao Benjamin				FILED Date <div style="font-size: 1.5em;">3-11-24</div>										
Signature of Authorized Representative 				APR 17 2024 4862 KS										