



**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.

REC'D RIDGOS REC'D
24 APR 17 PM 2:21:59

1. Entity ID Number 001663869	2. Exact name of the Corporation Benjamins General Contractors, Inc.
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3. Principal Office Address 258 Grattan Street	City Fall River	State MA	Zip 02721
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3. NAICS Code 236118	4. Brief description of the character of business conducted in Rhode Island Construction/Contracting
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5. State of Incorporation MA

7. List ALL officers (names and addresses) Check the box to indicate an attachment

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

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

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES 200	CLASS/SERIES cnp	PAR VALUE 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 3-11-24
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Signature of Authorized Representative 	APR 17 2024 4862 BY
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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov