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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000018231	HUB-FEDERAL INC.			
3. Principal Office Address		City	State	Zip
135 DEAN STREET, PO BOX 1		PROVIDENCE	RI	02901
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423440	MANUFACTURER OF SIGNAGE			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: WILLIAM J. BENELL			Vice-President Name: WILLIAM N. BENELL		
Street Address: 135 DEAN STREET			Street Address: 135 DEAN STREET		
City: PROVISENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903
Secretary Name: WILLIAM J. BENELL			Treasurer Name: DONNA J. BENELL		
Street Address: 135 DEAN STREET			Street Address: 135 DEAN STREET		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: WILLIAM J. BENELL			Director Name: WILLIAM N. BENELL		
Street Address: 135 DEAN STREET			Street Address: 135 DEAN STREET		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903
Director Name: DONNA J. BENELL			Director Name: JOHN J. PATERRA		
Street Address: 135 DEAN STREET			Street Address: 166 DEAN STREET		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	CNP	0000.00

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: William J. BENELL — Date: 1/14/25

Signature of Authorized Representative: William J. Benell

FILED 11:12

JAN 29 2025

BY MAS G8

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