



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.

FILED

FEB 03 2025

BY 1131 AA

1. Entity ID Number 001694866		2. Exact name of the Corporation BENEFITS AGENCY INC.			
3. Principal Office Address 656 SMITH STREET			City PROVPROVIDENCE	State RI	Zip 02908
4. NAICS Code 522200		6. Brief description of the character of business conducted in Rhode Island SALE OF LIFE INSURANCE			
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 SAMIR ALIYEV			Vice-President Name SAMIR ALIYEX		
Street Address 656 SMITH STREET			Street Address 656 SMITH STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name SAMIR ALIYEV			Treasurer Name SAMIR ALIYEV		
Street Address 656 SMITH STREET			Street Address 656 SMITH STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAMIR ALIYEV			Director Name		
Street Address 656 SMITH STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	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.			NUMBER OF SHARES 100	CLASS/ST. R.F.S. CNP	PAR VALUE 0
Changes require an additional filing.					
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 Carmelo Turano				Date 1/5/2025	
Signature of Authorized Representative Carmelo Turano					

MAIL TO:

Division of Business Services

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