



**!**  
This legal document  
should be typed.  
All illegible  
documents  
will be REJECTED.

## Instructions for Filing Annual Report for a Benefit Corporation

[Section 7-5.3-13](#) and [7-1.2-1501](#) of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

*All filings are public records under RIGL 38-2-1, et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.*

### How to complete the form:

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#). Please include this number on your check and refer to it in any future correspondence or filings with the Business Services Division.
2. List the name of the corporation. The entity name can be verified through our [Corporate Database](#). If the entity name has changed, an amendment, form [101](#), must be filed with this office. [Electronic filing](#) is available.
3. State the address of the principal office of the corporation.
4. Enter the six digit NAICS code that describes the primary type of business in which the entity engages. Download our [NAICS Code List](#).
5. Provide the state or country of incorporation.
6. Provide a brief statement of the character of business in which the corporation is actually engaged in this state. If the corporation is inactive, this section must still be completed.
7. List the names and respective addresses of the officers of the corporation on the form. **Do not leave areas blank.** If the answer is none, write "none." If additional space is needed, check the box and include the entity ID number of the entity on the attachment.
8. List the names and respective addresses of the directors of the corporation on the form. **Do not leave areas blank.** If the answer is none, write "none." If additional space is needed, check the box and include the entity ID number of the entity on the attachment.
9. The corporation's exact number of authorized shares is of record in this office and can be found on the entity summary screen. If there has been a change in the authorized shares of the corporation, please contact our office.
10. Provide the number of issued shares along with the class, series and par value on the form. **Do not leave this area blank.** If the answer is none, write "none."
11. Complete narratives a-k.
12. 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.

13. An Authorized Representative **MUST** sign and date the form.

### How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

### How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will NOT result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#).
- Enter the name or ID number of your entity and click "Search."
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing."
- Identify the desired type of filing and click on "PDF" under "View PDF" to view and print the record.

### How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in revocation proceedings.

Every entity registered with the RI Department of State - Business Services Division will have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.



**State of Rhode Island  
Department of State - Business Services Division**

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

**Annual Report for the year:** \_\_\_\_\_  
**Benefit Profit Corporation**

- Filing period: within 120 days following the end of the fiscal year
- Filing Fee: \$60.00
- Penalty: Additional \$25.00 fee if form is not filed within 150 days of the fiscal year end.

1. Entity ID Number	2. Exact name of the Corporation					
3. Principal Office Address				City	State	Zip
4. NAICS Code			5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island						
7. List ALL officers (names and addresses)				Check the box to indicate an attachment		
President Name			Vice-President Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
<p>This information is currently of record in the Department of State. Changes require an additional filing.</p> <p>Check if stock is publicly traded.</p>			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

11. The following provisions require a narrative description:

a. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created:

b. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:

c. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:

d. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:

e. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application or the change to that standard from the one used in the immediately prior report:

f. Name and address of the Benefit Director: ***(Required if stock is publicly traded.)***

g. Name and address of the Benefit Officer: ***(If not applicable, state "NONE.")***

h. The statement of the benefit director described in subsection [7-5.3-8\(c\)](#):

i. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard:

j. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:

k. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for reelection to the position of benefit director, or was removed from the position, and the benefit director furnished the benefit corporation with any written correspondence concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall include that correspondence as an exhibit.

12. 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.

13. ***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

Date

Signature of Authorized Representative



**State of Rhode Island  
Department of State - Business Services Division**

The Department of State tracks the number of new business filings on a quarterly and an annual basis. We are seeking more information from benefit corporations and hope these three voluntary questions will help us better present useful trends and information on the health of our economy:

Entity ID Number:	Name of the Benefit Corporation:
1. Does the business owner self-identify as any of the following:	
Woman Veteran Disabled Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)	
2. How many full-time employees does the business have:	
0 1-5 6-50 51-200 201-500 Over 500	
3. What are the gross revenues for the business for the past year:	
\$0-\$50,000 \$51,000-\$250,000 \$251,000-\$500,000 \$501,000-\$1,000,000 Over \$1,000,000	

**Please note** that all records maintained by or kept on file by the Department of State shall be public records unless exempt from disclosure in accordance with RIGL [38-2 Access to Public Records](#).

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)



## Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. All fields are REQUIRED.

Name:		Date:
Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number:

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).