



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>148204</u>		2. Name of Corporation <u>Benoit Construction Management Services, Inc.</u>			
3. Street Address Principal Business Office <u>640 George Washington Hwy</u>		City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	
4. Business Phone No. <u>401-475-5758</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Construction Management Services and Consulting</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Lynne M. Benoit</u>			Vice President Name <u>David R. Benoit</u>		
Street Address <u>6 Reaper Court</u>			Street Address <u>6 Reaper Court</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>
Secretary Name <u>David R. Benoit</u>			Treasurer Name <u>Lynne M. Benoit</u>		
Street Address <u>6 Reaper Court</u>			Street Address <u>6 Reaper Court</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Lynne M. Benoit</u>			Director Name <u>David R. Benoit</u>		
Street Address <u>6 Reaper Court</u>			Street Address <u>6 Reaper Court</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares <u>1,000</u>		
			Class/Series <u></u>		
			Par Value <u>.01</u>		

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.

File Date	FILED
Check No.	FEB 03 2009
By:	<u>079814</u>
FOR SECRETARY OF STATE USE ONLY	

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.

David R. Benoit 2-4-09
Signature Date
David R. Benoit
Print or Type Name
Vice President
Title