

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 \$25.0	<i>0.</i>					
1. Corporate ID No. 250907		2. Name of Corporation Benko Construction, Inc.				
3. Street Address Principal Business Office PO Box 2685			Newport,	State R I	^{Zip} 02840	
4. Business Phone No. 5. State of Incorporation Rhode Island			ion			
6. Brief Description of the Char Construction - any lega	acter of Business Condu purpose	ucted in Rhode Island	- Constitution of the Cons			
7. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT) FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Stephen Bennett			None	None		
Street Address PO Box 2685			Street Address	Street Address		
City Newport,	State RI	^{Zip} 0284 0	City	State	Zip	
Secretary Name Stephen Bennett			Treasurer Name Stephen Bennett			
Street Address PO Box 2685			Street Address PO Box 2685	i e		
City Newport,	State RI	^{Zip} 02840	City Newport	State RI	^{Zip} 02840	
8. NAMES AND ADDRE	SSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL I Director Name	n spaces before usin	G ATTACHMENTS	
None Street Address						
			Sireet Address	Street Address		
City	State	Zip	City	State	Zip	
Director Name			Director Name	Director Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZI	P		leges, preparation and an entertain control of the) ("X" BOX FOR ATTAC ECTION <u>MUST</u> BE COMPLETED	ht. Hillian dest	
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.			of Number of Shares	Class/Series	Par Value	
			100	Common	No Par Value	
		the corporation by an auth	orized representative. If the	corporation is in the hand	ls of a receiver or trustee,	

File Date	FII F	D	
Check No.	MAR 02	2009	
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	OR SECRETARY OF	STATE USE C	NEY

	and affirm that I have examined this report,
	ules and statements, and that all statements
contained herein are true and correct	t. 16
XITALLE	12
Signature	Date
Stephen Bennett	
Print or Type Name	
President	
Title	