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 2012

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. 419201	*2. Name of Corporation* Benchmark Building Company, Inc.		
3. Street Address Principal Business Office 270 Jenckes Hill Road	*City* Smithfield	*State* RI	*Zip* 02917
4. Business Phone No. 401-334-5000	*5. State of Incorporation* Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island General builder/contractor services			

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name David J. Punchak			*Vice President Name* David J. Punchak		
Street Address 270 Jenckes Hill Road			*Street Address* 270 Jenckes Hill Road		
City Smithfield	*State* RI	*Zip* 02917	*City* Smithfield	*State* RI	*Zip* 02917
Secretary Name David J. Punchak			*Treasurer Name* David J. Punchak		
Street Address 270 Jenckes Hill Road			*Street Address* 270 Jenckes Hill Road		
City Smithfield	*State* RI	*Zip* 02917	*City* Smithfield	*State* RI	*Zip* 02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par

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.

FILED

File Date MAR 06 20

Check No. 9000297

By:

FOR SECRETARY OF STATE USE ONLY

74071-4-732769

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.

Signature *Date* 03/03/12

David J. Punchak
Print or Type Name

President
Title