State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: DIV

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

4.5.% (5.1)	10.5					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000509410	BENCHMARK PROPERTIES LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5312	Pool Estate OFFICE OF					
5. State of Formation	A A O PT & DOWN OPS					
KL	AGENTS & BROKERS					
6. Principal Office Address			City	State	Zip	
165 CHARLES ST			PROVIDENCE	RI	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name RONALD CALIRI			Contact Title BROKER			
Street Address 761 CHARLES ST			CITYPROUIDENC	State	zia)904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name 24			Manager Name			
Street Addres:			Street Address			
C! /3	e / /	-	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Che	ck the box to indic	cate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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 Person Date						
RONARD CARINE				9/7	116	
Signature of Authorized Person Con Good						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 08/2016