



State of Rhode Island and Providence Plantations
Department of State – Business Services Division

STAMP

ANNUAL REPORT FOR THE YEAR 2019
Corporation

- **Filing Period:** January 1 - March 1
- **Filing Fee:** \$50.00
- **Penalty:** Additional \$25.00 fee if form is not filed by April 1

1. Corporate ID No 001658187		2. Name of Corporation Benchmark North America, Inc.			
3. Street Address (Principal Business Office) 23 Brown Street, Suite 115			City North Kingstown	State RI	Zip 02852
4. NAICS Code 238210		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island telecommunications consulting and services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul L. Contino			Vice President Name		
Street Address 23 Brown Street, Suite 115			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Paul L. Contino			Treasurer Name Paul L. Contino		
Street Address 23 Brown Street, Suite 115			Street Address 23 Brown Street, Suite 115		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES – THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 common shares \$.01 par value		

11. 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.

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.

Paul Contino
 Signature

1/15/19
 Date

FILED

Paul L. Contino
 Print or Type Name

President
 Title

JAN 22 2019

BY *[Signature]*

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