



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

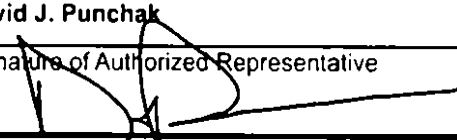
→ Filing Fee: \$50.00

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

FILED

MAR 08 2019

BY 

1. Entity ID Number 000419201		2. Exact name of the Corporation Benchmark Building Company, Inc.			
3. Principal Office Address 270 Jenckes Hill Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island General builder/contractor services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100	Common	No Par
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.					
Name of Authorized Representative David J. Punchak				Date 02-25-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	