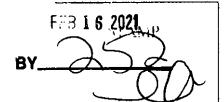
RI SOS Filing Number: 202191547810 Date: 2/16/2021 4:00:00 PM



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

FILED



ANNUAL REPORT FOR THE YEAR 2021 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	02852
5 NAICS COM 38 210		5. State of Incorporation Rhode Island			
. Brief Description of the Chara telecommunications c				·	
	_	FICERS ("X" BOX FOR ATTA	CHMENT) DEFILL II	N SPACES BEFORE U	SING ATTACHMENTS
Paul L. Contino Street Address			Street Address		
23 Brown Street, Sult	e 115	•	Sirver Address		
ily Iorth Kingstown	State R1	02852	Cny	State	Zip
Secretary Name Paul L. Contino			Paul L. Contino		
Street Address 23 Brown Street, Suite 115			Street Address 23 Brown Street, Suite 115		
City North Kingstown	State Ri	71p 02852	Cuy North Kingstown	Store RI	Zip 02852
8. NAMES AND ADDRESS Director Name	SES OF THE DIF	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name	IN SPACES BEFORE	USING ATTACHMENTS
Street Address			Street Address		
Cay	State	Zip	City	Stole	Ζίρ
Director Name)		Director Name		.
Street Address			Sirvet Address	<u> </u>	
City	State	Zip	Cuy	State	Zip
SHARES AUTHORIZE	D: <i>("X" BOX FO</i>	RATTACHMENT)		D: ("X" BOX FOR ATT	TACHMENT)
			ISSUED SHARES THIS SEC	TION MUST BE COMPLETED Class/Series	Par Value
This information is currently of record in the Office of the Secretary of			Number of Shares 100 common shares		1 rai raius
State. Changes require an additional filing. See Section 9 of instruction sheet.		100 COMMON SHARES	4.01 pai value		
1. This report must be ev	ecuted on hehali	f of the corporation by an auth	prized representative 16	The corporation is in t	the hands of a receiver or
		half of the corporation by the		the corporation is in i	me names of a receiver of
les penalty of periury. I decla	ice and aftlem that	I have examined this report, incl	udine anv accomponúna s	chedules and statement	s. and that all statements
tained herein are true and c			aurig uny uttompunyang s	- / /	, and mar are statement
_ and	5	7	·	2/2/21	/
gnolure				Date	
aul L. Contino				· 	<u></u>
unt or Type Name					
resident					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040