



**Department of State - Business Services Division**

**STAMP**

Annual Report for the year: 2023

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number <b>001658187</b>		2. Exact name of the Corporation <b>Benchmark North America, Inc.</b>				2023 FEB -7 A 10:10	
3. Principal Office Address <b>23 Brown Street Suite 115</b>			City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>	
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>telecommunications consulting and services</b>					
5. State of Incorporation <b>RI</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Paul L. Contino</b>			Vice-President Name				
Street Address <b>23 Brown Street Suite 115</b>			Street Address				
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip		
Secretary Name <b>Paul L. Contino</b>			Treasurer Name <b>Paul L. Contino</b>				
Street Address <b>23 Brown Street Suite 115</b>			Street Address <b>23 Brown Street Suite 115</b>				
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
			<b>100 Common with 0.01 par</b>				
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.							
<i>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.</i>							
Name of Authorized Representative <b>Paul L. Contino</b>					Date <b>1/30/23</b>		
Signature of Authorized Representative 					FILED		

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

FEB 07 2023

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