



State of Rhode Island

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.

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BUS SVCS DIV
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2023 FEB -7 A 10:10

1. Entity ID Number 001658187		2. Exact name of the Corporation Benchmark North America, Inc.			
3. Principal Office Address 23 Brown Street Suite 115			City North Kingstown	State RI	Zip 02852
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island telecommunications consulting and 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 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. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 Common with 0.01 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.					
<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 Paul L. Contino				Date 1/30/23	
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

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