



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation

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

APR 26 2024 *RL*
445

1. Entry ID Number 000419201		2. Exact name of the Corporation Benchmark Building Company, Inc.			
3. Principal Office Address 13 Blunders Way			City No. Smithfield	State RI	Zip 02896
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 13 Blunders Way			Street Address 13 Blunders Way		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
Secretary Name David J. Punchak			Treasurer Name David J. Punchak		
Street Address 13 Blunders Way			Street Address 13 Blunders Way		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
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	
		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 04-16-2024	
Signature of Authorized Representative 					

MAIL TO:
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