State of Rhode Island

Department of State - Business Services Division

FILED

MAY 19 2025

BY

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MAY 19 P 1:03

Annual Report for the year: 2025

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
000419201	Benchmark Building Company, Inc.			
3. Principal Office Address		City	State	Zip
13 Blunders Way		No. Smithfield	RI	02896
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238990	General Builder & Contractor Services			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
David J. Punchak	5/9/2025
Signature of Authorized Representative	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov