



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molke, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 11916		2. Name of Corporation N.Y. Concrete Construction Co.			
3. Street Address Principal Business Office 265 Sayles Avenue			City Providence	State RI	Zip 02905
4. Business Phone No. (401) 461-2255		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Concrete Work					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vincent J. Augustine, Jr.			Vice President Name Vincent J. Augustine, III		
Street Address 8 Birch Street			Street Address 196 Willard Avenue		
City Seekonk	State MA	Zip	City Seekonk	State MA	Zip
Secretary Name Vincent J. Augustine, Jr.			Treasurer Name Vincent J. Augustine, III		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COMM NO PAR VALUE		600	Common	No par
			THIS SECTION MUST BE COMPLETED		

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.

**FILED**

File Date  
**APR 18 2008**

Check No.  
1296 + 1573

By: **By**

FOR SECRETARY OF STATE USE ONLY

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.

Signature  
*Vincent Augustine III*

Date  
2/14/08

Print or Type Name  
Vincent Augustine III

Title  
V. Pres