

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

2009

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 ### 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.	19,01(0), 240 20. postano je				(10110101)			
1. Corporate ID No.	2. Name of Corporation				<del></del>			
331	ACME CON	CRETE FORM CO.	., INC.					
3. Street Address Principal Business (	Office		City	State	Zip			
11 Joy Street			Johnston	RI	02919-0000			
4. Business Phone No. 5. State of Incorporation								
(401) 942-1843		RI						
6. Brief Description of the Character foundation contractor		Phode Island			·			
	OF THE OFFICERS:	-(=X=BOX FOR AFTA	(CHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name					
Paul L. Carbone			Ellen Carbone					
Street Address			Street Address					
88 Alpine Estates Drive			88 Alpine Estates Drive					
City	State	Zip	City	State	Zip			
Secretary Name	RI	1 02921-	Cranston  Treasurer Name	RI	J 02921-			
Ellen Carbone Street Address			Paul L. Carbone Street Address					
88 Alpine Estates Dri	State	Zip	: 88 Alpine Estates Drive : City   State   Zip					
Cranston	RI	02921-	Cranston	RI	02921-			
8. NAMES AND ADDRESSES		1	: ACHMENT) ∏ PILL R					
Management Management (Management Management			Director Name					
none			none					
Street Address			Street Address					
none			none					
City	State	Zip	City	State	Zip			
попе	none	none	none	none	none			
Director Name			Director Name					
none			none					
Street Address			Street Address					
none			none					
City	State	Zip	City	State	Zip			
none	none	none	none	попе	none			
9. SHARES AUTHORIZED			CALC DESCRIPTION OF STREET STREET, THE STREET	("X" BOX FOR ATTACH	MENT) 🗌			
				CTION MUST BE COMPLETED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value			
			300	Common	No Par			
			7HS 6FC	` # ##7.1				
This report must be executed of				orporation is in the hands	of a receiver or trustee,			
this report must be executed o	n benait of the corpor	ration by the receiver o	r trustee.					

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1 1 1 1 1 1	affirm that I have examined this report, and statements, and that all statements
Jany J. Club	01/05/09
Signature	Date
Paul L. Carbone	
Print or Type Name	
President	
Title	