



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

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

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.

1. Corporate ID No. 307795		2. Name of Corporation Frias Concrete Floors, Inc.			
3. Street Address Principal Business Office 120 Central Street			City Hudson	State MA	Zip 01749
4. Business Phone No. (508) 673-2544		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Concrete construction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Armindo C. Frias			Vice President Name Armindo C. Frias		
Street Address 42 Pleasant Street			Street Address 42 Pleasant Street		
City Hudson	State MA	Zip 01749	City Hudson	State MA	Zip 01749
Secretary Name Armindo C. Frias			Treasurer Name Armindo C. Frias		
Street Address 42 Pleasant Street			Street Address 42 Pleasant Street		
City Hudson	State MA	Zip 01749	City Hudson	State MA	Zip 01749
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Armindo C. Frias			Director Name Joanne Frias		
Street Address 42 Pleasant Street			Street Address 42 Pleasant Street		
City Hudson	State MA	Zip 01749	City Hudson	State MA	Zip 01749
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	No Par Value	0	Common	No Par Value
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

File Date	FILED
Check No.	FEB 13 2009
By:	By 17381
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.

Armindo Frias 1-26-09
Signature Date
Armindo C. Frias
Print or Type Name
President
Title