

subject to a penalty fee of \$25.00.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222,3040

1 Corporate ID No. 163214	SUMMIT	2 Name of Corporation SUMMIT CONCRETE COMPANY				
3. Street Address Principal Business Office 174 Bowen Hill Road			City Coventry	State RI	Ζіф 02816	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Chara concrete construction ar	cter of Business Condu nd any other lawfu	cted in Rhode Island Il purpose				
7. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN	SPACES BEFORE USING	3 ATTACHMENTS	
Robert Jaeger			Vice President Name Matthew Jaeger			
Street Address 174 Bowen Hill Road			Street Address 174 Bowen Hill Road			
City Coventry	State RI	<i>Ζιը</i> 02816	Coventry	State RI	2ip 02816	
Secretary Name Matthew Jaeger			Treasurer Name Robert Jaeger			
Street Address 174 Bowen Hill Road			Street Address 174 Bowen Hill Road			
Coventry	State RI	^{Zip} 02816	City Coventry	State RI	Ζψ 02816	
8. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS: ("X" BOX FOR ATT	•	IN SPACES BEFORE USIN		
DIRECTO Name			Director Name			
Street Address			Street Address			
СИУ	State	Zip	City	State	Zip	
Director Name	***************************************		Director Name			
Street Address			Street Address			
City	State	Zip	Cit):	State	Zip	
9. SHARES AUTHORIZED		•		 		
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	
			1000	Common	none	
This report must be execute this report must be execute	ed on behalf of the d on behalf of the	e corporation by an authorized corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,	
			Under penalty of 1	perjury, I declare and affirm t	that I have examined this report,	
File Date	4-09	2	including any acco	ompanying schedules and state true and correct.	atements, and that all statements $3 - 3 = 0$	
Check No. SZ	92		Signature	** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date Date	
By:	nne	/	ROBERT JA Print or Type Name			
FOR SECRETARY OF STATE USE ONLY			President			
1.4			Title		Form 630 Rev. 08/08	