



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. 68961		2. Name of Corporation RICHMOND READY MIX, INC.			
3. Street Address Principal Business Office 24 Martin Street			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 333-2550		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The manufacturing and sale of concrete					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter Calcagni			Vice President Name Peter Calcagni		
Street Address 24 Martin Street			Street Address 24 Martin Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Peter Calcagni			Treasurer Name Peter Calcagni		
Street Address 24 Martin Street			Street Address 24 Martin Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter Calcagni			Director Name		
Street Address 24 Martin Street			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 600	Class/Series Common	Par Value 0

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 **MAR 11 2009**

Check No. By **1198**

By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including all accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

Date

Joseph P. Ferrucci, Esq.

Print or Type Name

Receiver

Title