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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(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
66764	A J CONCRETE PUMPING SERVICE, INC.			
3. Street Address Principal Business Office		City	State	Zip
201 BROAD STREET		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			
4017248185	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE SERVICES OF CONVEYING THROUGH A PIPELINE AS WELL AS OWNING & OPERATING THE NECESSARY MACHINERY

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
JOSEPH ALMEIDA	2600 DIAMOND HILL ROAD	CUMBERLAND	RI	02864

Vice President Name	Street Address	City	State	Zip
JOSE C. ALMEIDA	2600 DIAMOND HILL ROAD	CUMBERLAND	RI	02864

Secretary Name	Street Address	City	State	Zip
JOSEPH ALMEIDA	2600 DIAMOND HILL ROAD	CUMBERLAND	RI	02864

Treasurer Name	Street Address	City	State	Zip
AURORA ALMEIDA	2600 DIAMOND HILL ROAD	CUMBERLAND	RI	02864

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
JOSEPH ALMEIDA	2600 DIAMOND HILL ROAD	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip
JOSE C. ALMEIDA	2600 DIAMOND HILL ROAD	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip
AURORA ALMEIDA	2600 DIAMOND HILL ROAD	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip
NONE				

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☒

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300	COMMON	NO 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.

[redacted]

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 3/30/09 *Date*

JOSEPH ALMEIDA
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No.
MAR 31 2009
By:
By 840
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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