



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**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. 125387		2. Name of Corporation RI CONCRETE FORM CO., INC.			
3. Street Address Principal Business Office 163 BURNT SWAMP ROAD			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-333-2274		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CONSTRUCTION OF CONCRETE FORMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STANLEY MARSZALKOWSKI, JR.			Vice President Name MILDRED MARSZALKOWSKI		
Street Address 250 LAKE STREET			Street Address 163 BURNT SWAMP ROAD		
City BELLINGHAM	State MA	Zip 02019	City CUMBERLAND	State RI	Zip 02864
Secretary Name MILDRED MARSZALKOWSKI			Treasurer Name MILDRED MARSZALKOWSKI		
Street Address 163 BURNT SWAMP ROAD			Street Address 163 BURNT SWAMP ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION 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
			NONE		

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 2-18-2010  
Check No. 3591  
By: MNC  
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.

Signature Mildred Marszalkowski Date 02-15-10  
MILDRED MARSZALKOWSKI  
Print or Type Name  
VICE PRESIDENT  
Title