

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

Providence, RI 02904-2615 401.222.3040

subject to a penalty fee of \$25.00.

1. Corporate ID No. 47056	2. Name of Corporation R & D Concrete	2. Name of Corporation R & D Concrete Cutting, Inc.				
3. Street Address Principal Business Office 202 Paris Irons Road			Cuy Chepachet	State RI	Zip 02814	
4. Business Phone No. 401-568-6723		5. State of Incorporation Rhode Island	<u> </u>		02014	
6. Brief Description of the Character of Concrete cutting, core drillin	of Business Conducted in R	bode Island				
		("X" BOX FOR ATTA	CHMENT) □ FILLING	DACES DEFORE HEIN	C. A FESTI A CONTRACTOR	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name The April 1. (A for A			Vice President Name RIVALA J. Lativil			
Street Address ROAD ROAD ROAD			Sirver Address PARIS Irons Rd			
ChepAchet	state RI	2ip 028:4	Chen Achet	State RI	DD8 14	
Secretary Name & M. A. I. d.	I Cafir	Ĺ	Treasurer Name AMAIN T Cafil			
Street Address PARIS From S Road			Street Address PAtil TIM Pal			
Chep Achet	State RF	2ip DD-814	Chy Achet	State RI	2ip 1 2 f 14	
8. NAMES AND ADDRESSES (Director Name	OF THE DIRECTORS	: ("X" BOX FOR ATI	ACHMENT) FILL IN Director Name	SPACES BEFORE USI	NG ATTACHMENTS	
Street Addition			Siction Name			
Street Address			Street Address			
City	State	Zip	Сйу	State	Zip	
Director Name	***************************************	***********************	Director Name			
Street Address			Street Address			
Cuy	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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	
			5.000		Con	
This report must be executed or this report must be executed on	n behalf of the corpor	ration by an authorized	representative. If the co	rporation is in the hand	ls of a receiver or trustee,	
		ation by the receiver o	i trustee.			
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	<u>ED</u>		including any accon	apanying schedules and sta	that I have examined this report, atements, and that all statements	
File DateMAR_0	3 2010		contained herein are	true and correct.	_	
Check No.		Signature Date				
By: BY	821		Print on Type Name	I Cutur		
FOR SECRETARY OF STATE	E USE ONLY		fresy d	ent		
			Title	-	Form 630 Rev. 08/08	