

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

401.222.3040

* In accordance with R.I.G.L., 7-1.2-1; subject to a penalty fee of \$25.00.	50d(e), each corporation fui	ling or refusing to file its annu	ual report within thirty (30) days a	fter the time prescribed by law) (R.I.G.L. /-1.2-1501(cGd)) is
1. Corporate ID No. 508349	2. Name of Corporation A&R CONCRETE INC				
3. Street Address Principal Business Office PO BOX 1537			BLOCK ISLAND	State RI	7 <i>ip</i> 02807
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of CONCRETE AND CEMENT	f Business Conducted in RE	ode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name ABEL SPRAGUE			CHMENT)		
Street Address PO BOX 1537			Street Address PO BOX 1537		
BLOCK ISLAND	State RI	^{Ζւթ} 02807	City BLOCK ISLAND	State RI	02807
Secretary Name ABEL SPRAGUE			Treasurer Name ABEL SPRAGUE		
Street Address PO BOX 1537			Street Address PO BOX		
BLOCK ISLAND	State RI	^{Zip} 02807	Gily BLOCK ISLAND	State RI	02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name ABEL SPRAGUE			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address PO BOX 1537			Street Address		
City BLOCK ISLAND	State RI	<i>Zip</i> 02807	Спу	State	Zip
Director Name	***************************************	***************************************	Director Name		
Street Address			Street Address		
City	State	Zip	CHy	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
			1000	COMMON	NO PAR
This report must be executed this report must be executed or		•	•	poration is in the hands	s of a receiver or trustee,

EUED	Under penalty of perjury, I declare and affirm that I have examined this rep including any accompanying schedules and ratements, and that all statements		
File Date OFT A7 2011	contained herein are true and correct	1014/2011	
File Date 0CT 07 2011	Signature	Date	
Check No. By MM	ABEL SPRAGUE		
By: 1119	Print or Type Name		
FOR SECRETARY OF STATE USE ONLY	PRESIDENT		
FOR SECRETARY OF STATE USE ORET	Title	Form 630 Rev. 08/08	