



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 2012

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. 84879		2. Name of Corporation TIMS CEMENTHEADS INC	
3. Street Address Principal Business Office 191 Shannock Road			City Wakefield
4. Business Phone No. 401-789-2610		5. State of Incorporation R.I.	Zip 02879
6. Brief Description of the Character of Business Conducted in Rhode Island Concrete Construction			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROBIN B. JUSTICE		Vice President Name TIMOTHY W. JUSTICE	
Street Address 191 Shannock Road		Street Address 191 Shannock Road	
City Wakefield	State RI	Zip 02879	City Wakefield
Secretary Name ROBIN B. JUSTICE		Treasurer Name TIMOTHY W. JUSTICE	
Street Address 191 Shannock Road		Street Address 191 Shannock Road	
City Wakefield	State RI	Zip 02879	City Wakefield
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED 1000 NO PAR		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares 0		Class/Series	Par Value
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.			

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 JAN 06 2012
Check No. By [Signature]
By: 8414
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 Robin B. Justice Date 1-1-2012
Print or Type Name ROBIN B. JUSTICE
Title president