

A. Raiph Mollis, Secretary of Sta Corporations Division 148 W. River Str. idence, RI 02904-26-401.222.30

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. 	COLL	OMILE E	714 721414	CALL IX					
		4 84	CM C	PER DAY TO		BALLETS OF THE	Automation 45.00 Auto	www.co.co	DESCRIPTION OF THE PARTY OF THE

		Fee: \$50.00" • THIS REPOR								
" In accordance with R.I.G.L. 7-1 subject to a penalty fee of \$25.00.	2-1501(e), each corporat	tion failing or refusing to file its annu	al report within thirty (30) days aft	ier the time prescribed by la	ш (R.I.G.L. 7-1.2-1501(cOd)) и					
1 Corporate ID No	2. Name of Corpore	2. Name of Corporation								
64823 Gre	enville R	eady Mix Concre	ete Products, I	Inc						
3 Street Address Principal Busines	t Office		1.00	State	Zip 0 2 0 1 7					
79 Cedar Swan	np Road		Smithfield	RI	02917					
4. Business Phone No.		5 State of Incorporation								
231-3900		Rhode	e Island							
6. Brief Description of the Charact					17.11					
Genera sar	nd, gravel	, concrete & ea	arthern mater:	ials, suppl	y sales distrib					
President Name		,	Vice President Name							
Ronald T.	Cendron	Jr	; :							
Street Address	Genaron,	O.L.	Sircei Address							
	r Swamp Ro	ad	a barana and and and and and and and and and							
Cuy	State	Zip	City	State	Zip					
Smithfield	RI	02917								
Addiction that the state of	····· b .;;;;Ti.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******************************	: Treasurer Nume		************************					
7334b 7 C	endron		Ronald T. Gendron, Jr.							
Judith A, Go	2116,11 6 11 4		Street Address							
	wamp Road		79 Cedar Swamp Road							
City	State	Zup	City	State	Zψ					
C-i+hfial	а Пот	02917	Smithfield	RI	02917					
8. NAMES AND ADDRESS	ES OF THE DUREC	1 02917 C TORS: ("X" BOX FOR ATT	ACHMENT) TILL IN SI	PACES BEFORE USIN	G ATTACHMENTS					
Director Name			Director Name							
Ronald T.	Gendron,	Jr	•							
Street Address			Strove Address							
79 Cedar	Swamp Roa	ad								
Gity	State	24p	City	State	2ip					
Smithfie	ld RI	02917	•							
Director Name	**************************************	·	Director Nume							
			•							
Street Address			Street Address							
			:							
City	State	Zφ	City	State	ZIp					
9. SHARES AUTHORIZED	· '	•	10. SHARES ISSUED ("X" BOX FOR ATTAC	CHMENT) []					
			ISSUED SHARES — THUS SECTI		• —					
This information is assessed		. Off f	Number of Shares	Class/Series	Par Value					
State. Changes require a		e Office of the Secretary of								
instruction sheet.	·· ···································	DAY DIVILLOR 7 UI	100	xommon	no PAR VALUI					
}				· •	ŀ					
This areas must be avecu	ted on behalf of th	a compression by an explani-	ed representative. If the cor	position is in the ba-	de of a manipus or trustee					

this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	1
1122	•
JAN 3 0 2012	
1534/	•

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature