



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. Rhyer Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 791643		2. Exact name of the Corporation RB CONCRETE FORMS INC	
3. Principal office address 130 HOLMES ROAD		City N. ATTLEBORO	State MA
4. Business Phone No. 508 699 2067		5. State of Incorporation MASS	
6. Brief description of the character of business conducted in Rhode Island SET POUR & STRIP CONCRETE FOUNDATIONS			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name RICHARD BROUILLETTE		Vice-President Name RICHARD BROUILLETTE	
Street Address 130 HOLMES ROAD		Street Address 130 HOLMES ROAD	
City N. ATTLEBORO	State MA	Zip 02760	City N. ATTLEBORO
Secretary Name DEBORAH BROUILLETTE		Treasurer Name RICHARD BROUILLETTE	
Street Address 130 HOLMES ROAD		Street Address 130 HOLMES ROAD	
City N. ATTLEBORO	State MA	Zip 02760	City N. ATTLEBORO
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name RICHARD BROUILLETTE		Director Name DEBORAH BROUILLETTE	
Street Address 130 HOLMES ROAD		Street Address 130 HOLMES ROAD	
City N. ATTLEBORO	State MA	Zip 02760	City N. ATTLEBORO
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	Zip NONE	City NONE
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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
100		COMMON	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 _____

FILED

Check No _____

By: _____

JAN 24 2013

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.

Richard Brouillette
Signature of Authorized Representative

1-15-16
Date

FOR SECRETARY OF STATE USE ONLY BY

9322

RICHARD BROUILLETTE
Print or Type Name of Authorized Representative