



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River 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. 505630		2. Exact name of the Corporation Industrial Concrete Services, Inc.			
3. Principal office address 291 New Portland Road			City Gorham	State Maine	Zip 04038
4. Business Phone No. (207) 856-5000			5. State of Incorporation Maine		
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert LeBlanc, President/Clerk			Vice-President Name		
Street Address 23 Bittersweet Lane			Street Address		
City Cumberland	State Maine	Zip 04021	City	State	Zip
Secretary Name			Treasurer Name Stephen Chrane		
Street Address			Street Address 616 Parker Head Road		
City	State	Zip	City Phippsburg	State Maine	Zip 04562
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert LeBlanc			Director Name Stephen Chrane		
Street Address 23 Bittersweet Lane			Street Address 616 Park Head Road		
City Cumberland	State Maine	Zip 04021	City Phippsburg	State Maine	Zip 04562
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			600	Common	\$120.00
			400	Common	\$80.00

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 13 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.

Robert LeBlanc 2/19/13
 Signature of Authorized Representative Date

Robert LeBlanc

Print or Type Name of Authorized Representative

By *mms*
CK #27079