



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. 000023953		2. Exact name of the Corporation Scituate Concrete Pipe Corporation								
3. Principal office address One Buckeye Ln, PO Box 870		City Scituate	State MA	Zip 02066						
4. Business Phone No. 781-545-0564		5. State of Incorporation MA								
6. Brief description of the character of business conducted in Rhode Island Distribute and install concrete pipe and do all other things incidental or necessary thereto										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name William E. Hoffman			Vice-President Name None							
Street Address One Ross Arnold Lane			Street Address							
City Scituate	State MA	Zip 02066	City	State	Zip					
Secretary Name None			Treasurer Name Richard W. Hoffman							
Street Address			Street Address 55 Colonel Mansfield Drive							
City	State	Zip	City Scituate	State MA	Zip 02066					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name None			Director Name None							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name None			Director Name None							
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		
						500	CNP	0.00		

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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

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 W. Hoffman 12/31/13
 Signature of Authorized Representative Date

Richard W. Hoffman
 Print or Type Name of Authorized Representative

FILED

JAN 06 2014

By 49-214204

A. A. 1:44 p.m