



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 **2014**

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. 99380		2. Exact name of the Corporation CA-GIN CONCRETE, INC.		
3. Principal office address 117 High Street		City Westerly	State RI	Zip 02891
4. Business Phone No. 401-348-9200		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To undertake residential and commercial concrete construction and all attendant work consistent and/or associated herewith.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Daniel T. Cassidy		Vice-President Name Robert E. Gingerella		
Street Address 6 Alexandra Court		Street Address 8 Boy Scout Drive		
City Bradford	State RI	Zip 02808	City Westerly	State RI
Secretary Name Daniel T. Cassidy		Treasurer Name Robert E. Gingerella		
Street Address 6 Alexandra Court		Street Address 8 Boy Scout Drive		
City Bradford	State RI	Zip 02808	City Westerly	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 shares	Common	No Par Value

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: _____

FILED

FOR SECRETARY OF STATE USE ONLY **JAN 08 2014**

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.

Daniel T. Cassidy
 Signature of Authorized Representative

12/16/13
 Date

Daniel T. Cassidy

Print or Type Name of Authorized Representative