

## 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

4 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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

Filing Fee: \$50.00 · FA	ILURE TO FII	LE THIS REPORT BY M	ARCH 31 WILL RES	SULT IN A \$25.00 PEN	ALTY FEE.		
1. Entity ID No.	2. Exact name of the Corporation						
162953	Victo	or's Concrete	Constri	action Inc			
3. Principal office address			City	State	Zip		
72 Olney Kearh Rd. 4. Business Phone No.			Chepache	et RT	0)	18/1	1
3. Principal office address  7. Olney Kearh Rd.  4. Business Phone No.			5. State of Incorporation				
401-330-9373 6. Brief description of the character of business conducted in Rhode Island			Rhode Island				
o. Bhei description of the chara	icter of business	s conducted in Anode Island	1				
Concrete	( Bus	to ation					
7, LIST ALL OFFICERS (NAM	ES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT			16.47901165	
President Name			Vice-President Name				
Victor S	Graiva						
Street Address		Street Address					
Street Address 7h Olney Kear	Ch Kd	Zip	0				
Chebachet	RI.	, ·	City	State	Zip		
Secretary Name	1111	108814	Treasurer Name				
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Street Address			Street Address				
City	State	Zip	City	State	Zip	) 1014	0 0 0 0
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8. LIST ALL DIRECTORS (NA Director Name	MES AND ADD	RESSES) ("X" BOX FOR A	Director Name			5	S I
Director ratific			Director Name			ŧ	ORA:
Street Address			Street Address		VII.	ယ	= -
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City	State	Zip	City	State	Zip	<u>ö</u>	20
Disease		<u> </u>				<u></u>	
Director Name			Director Name			00	111
Street Address			Street Address		<u></u> .	-	<del></del>
City	State	Zip	City	State	Zip		•
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9. SHARES AUTHORIZED		Kiri, M. Lagar Karaga Saraga Tagaraya (Ali Andre Miller, 1981) ay ang Sa		O ("X" BOX FOR ATTAC			
This information is currently o	of record in the	Office of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
of State. Changes require an additional filing.			None				
See Section 9 of instruction sh	neet.						
This report must be executed o	n hehalf of the	corporation by an authorizat	f rapragantativa li the				
* .	this report mus	t be executed on behalf of t	the corporation by the i	corporation is in the nand: ecelver or trustee.	s of a receive	r or tru	siee,
			Under penalty of p	erjury, I declare and affii	rm that I have	e exan	nined
File Date			this report, includi	ng any accompanying s	chedules and	d state	ments,
Check No		FILED	and that all statem	ents contained herein a	e true and c	orrect.	
- Christian (27) Bills	******		-U.co	2 Sona	<u>' سر'</u>		
By:		MAR <b>03</b> 2014	Signature of Author	ized Representative		Date	8
FOR SECRETARY OF STATE		19-218800	Victo	r Saraiva			
Form No. 630	By_			of Authorized Representa	ative		
Revised: 01/2012	$\mathcal{A}$	$A \cdot D \cdot D$	A.m.				