

## 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

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## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

<u> 2014</u>

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

1. Entity ID No. 11916	1 "··	2. Exact name of the Corporation  N.Y. Concrete Construction Co.			
3. Principal office address 265 Sayles Avenue		City Providence	State RI	Zip <b>02905</b>	
4. Business Phone No. (401) 461-2277			5. State of Incorporation Rhode Island		
6. Brief description of the ch Concrete work	aracter of business	conducted in Rhode Isla	nd		
7. LIST ALL OFFICERS (N	AMES AND ADDR	ESSES) ("X" BOX FOR	ATTACHMENT) 🗌 🗱		
President Name  Leigh V. Augustine			Vice-President Name		
Street Address 265 Sayles Avenue			Street Address		
City Providence	State RI	Zip <b>02905</b>	City	State	Zip
Secretary Name  Leigh V. Augustine			Treasurer Name Leigh V. Augustine		
Street Address 265 Sayles Avenue			Street Address 265 Sayles Avenue		
City Providence	State RI	Zip <b>02905</b>	City Providence	State <b>RI</b>	Zip <b>02905</b>
8. LIST <u>ALL</u> DIRECTORS (	NAMES AND ADD	RESSES) ("X" BOX FOF		/APPENDING TO THE STORY	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10 SHARES ISSUE	D'("X" BOX FOR ATTAC	HMENT)
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	No Par Value
See Section 9 of Instruction	n sneet.				
This report must be execute	this report mus	corporation by an authorize to be executed on behalf of FILED	of the corporation by the	receiver or trustee. perjury, i declare and affi	

File Date  MAR 1 1 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.		
Check NO	Signature Authorized Representative Date		
By:	Signature Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY	Leigh V. Augustine, President		
and the second of the second o	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative