



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. 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 Industrial and commercial floor installation.					
President Name Stephen Chrane			Vice-President Name		
Street Address 616 Parkerhead Road			Street Address		
City Phippsburg	State Maine	Zip 04562	City	State	Zip
Secretary Name Kris Coburn			Treasurer Name James Maloney		
Street Address 3 Pleasant Street			Street Address 35 Westwood Drive		
City Lisbon Falls	State Maine	Zip 04252	City Tilton	State NH	Zip 03376
Director Name Stephen Chrane			Director Name		
Street Address 616 Parkerhead Road			Street Address		
City Phippsburg	State Maine	Zip 04562	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
40				0.00	

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.

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.

Signature of Authorized Representative

Date

Stephen Chrane

Print or Type Name of Authorized Representative

FILED
JUL 16 2014
BY 228591