

## 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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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 162722                         |                 | 2. Exact name of the limited liability company W K CONCRETE LLC                            |   |                     |                     |  |
|---|-----------------|--|---|---------------------|---------------------|--|
| 3. State of Formation RHODE ISLAND              | 1 -             | Brief description of the character of business conducted in Rhode Island     CONCRETE WORK |   |                     |                     |  |
| 5. Principal office address 133 WILMARTH AVENUE |                 |  | City<br>EAST PROVIDENCE                 | State<br><b>RI</b>  | Zip<br>2914         |  |
| 6. MAILING ADDRESS OF LI                        | MITED LIABILI   | TY COMPANY AND   | NAME OR TITLE OF CONTACT PERSO          | ON:                 |                     |  |
| Contact Name WALTER KOZATEK                     |                 |  | Contact Title MEMBER                    |                     |                     |  |
| Street Address 133 WILMARTH AVENUE              |                 |  | City<br>EAST PROVIDENCE                 | State<br>RI         | Zip<br><b>02914</b> |  |
| 7. LIST ALL MANAGERS (NA                        |                 | RESSES) OF THE   | LIMITED LIABILITY COMPANY, IF APP       | LICABLE - <u>DO</u> | NOT LIST MEMBERS    |  |
| Manager Name                                    |                 |  | Manager Name                            |                     |                     |  |
| Street Address                                  |                 |  | Street Address                          |                     |                     |  |
| City  | State           | Zip  | City                                    | State               | Zip                 |  |
| Manager Name                                    |                 |  | Manager Name                            |                     |                     |  |
| Street Address                                  |                 |  | Street Address                          |                     |                     |  |
| City  | State           | Zip  | City                                    | State               | Zíp                 |  |
| 8. RESIDENT AGENT IN RHO                        | DE ISLAND       |  |   |                     |                     |  |
| This information is currently                   | of record in th | e Office of the Secr   | retary of State. Changes require filing | Form 642.           |                     |  |
|   |                 |  | <u> </u>                                |                     |                     |  |

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|                                 | Under penalty of perjury, I declare and affirm that I have examined  |
|---------------------------------|--|
| File Date                       | this report, including any accompanying schedules and statements, and that all statements contained hereig are true and correct. |
| Check No                        | Walter Kneth 10/1/14   |
| By:                             | Signature of Authorized Person O Date  |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person  |

Form No. 632 Revised: 01/2012