

1. Entity ID No.

000311720

3. Principal office address

4. Business Phone No. 508-482-0060

Revised: 01/2012

11 Rosenfeld Drive

## 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 2016

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

Marguerite Concrete, Inc.

2. Exact name of the Corporation

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

Hopedale

5. State of Incorporation

**Massachusetts** 

Zip 01747

State MA

6. Brief description of the chall Concrete construction		ducted in Rhode Islan	d		
7. LIST ALL OFFICERS (NA	MES AND ADDRESS	ES) ("X" BOX FOR A	TTACHMENT		
President Name James Marguerite Street Address 11 Rosenfeld Drive			Vice-President Name NONE Street Address		
Secretary Name James Marguerite			Treasurer Name James Marguerite		
Street Address 11 Rosenfeld Drive			Street Address 11 Rosenfeld Drive		
City Hopedale	State MA	Zip 01747	City State MA		Zip 01747
8. LIST ALL DIRECTORS (N	AMES AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)		
Director Name James Marguerite			Director Name NONE		
Street Address 11 Rosenfeld Drive			Street Address		
City Hopedale	State MA	Zip 01747	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address	<del> </del>		Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			NUMBER OF SHARES	CLASS/SERIES	PAR WALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.		410	CWP	1.00	
This report must be executed	on behalf of the corp		ed representative. If the fithe corporation by the		is of a receiver or trustee,
File Date		FILED	Under penalty of p	perjury, I declare and affi	irm that I have examined schedules and statements, are true and correct.
Check No	<u></u>	DEC 2 8 2015			
By:FOR SECRETARY OF STA	TE LISE ONLYDY (	r RURA	Signature of Autho	rized Representative	Date
Form No. 630	I DOE OUT BATT	Dim		e of Authorized Represent	ative