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

1. Entity ID No.	2. Exact name of the Corporation
99380	**CA-GIN CONCRETE, INC.**

3. Principal office address	City	State	Zip
117 High Street	**Westerly**	**RI**	**02891**

4. Business Phone No.	5. State of Incorporation
401-348-9200	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
To undertake residential and commercial concrete construction and all attendant work consistent and/or associated herewith.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Daniel T. Cassidy	**Robert E. Gingerella**
Street Address: **6 Alexandra Court**	Street Address: **8 Boy Scout Drive**
City: **Bradford** State: **RI** Zip: **02808**	City: **Westerly** State: **RI** Zip: **02891**
Secretary Name: **Daniel T. Cassidy**	Treasurer Name: **Robert E. Gingerella**
Street Address: **6 Alexandra Court**	Street Address: **8 Boy Scout Drive**
City: **Bradford** State: **RI** Zip: **02808**	City: **Westerly** State: **RI** Zip: **02891**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100 shares	Common	No Par Value

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.

File Date _____
Check No _____
By: _____

FILED
JAN 06 2016

FOR SECRETARY OF STATE USE ONLY
BY KL 12674

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: 12/08/15

Daniel T. Cassidy
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012