



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. 000409		2. Exact name of the Corporation Adamsdale Concrete & Products Co., Inc.			
3. Principal office address PO Box 516		City Pawtucket	State RI	Zip 02862	
4. Business Phone No. 401-722-6725		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Preparation and sale of concrete					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name R. John Courtois, Jr.			Vice-President Name David Courtois		
Street Address 110 Strathmore Street			Street Address 817 Paine Road		
City Narragansett	State RI	Zip 02882	City North Attleboro	State MA	Zip 02760
Secretary Name R. John Courtois, Jr.			Treasurer Name David Courtois		
Street Address 110 Strathmore Street			Street Address 817 Paine Road		
City Narragansett	State RI	Zip 02882	City North Attleboro	State MA	Zip 02760
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name R. John Courtois, Jr.			Director Name David Courtois		
Street Address 110 Strathmore Street			Street Address 817 Paine Road		
City Narragansett	State RI	Zip 02882	City North Attleboro	State MA	Zip 02760
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			400	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: _____

FOR SECRETARY OF STATE USE ONLY

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.

R. John Courtois 1-16-16
 Signature of Authorized Representative Date

R. John Courtois, Jr.

Print or Type Name of Authorized Representative

FILED

JAN 21 2016

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