



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. 143064		2. Exact name of the Corporation BORGES CONCRETE FORMS, INC.			
3. Principal office address 105 WATERMAN AVENUE #127		City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. (774) 229-6550		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CONCRETE/FOUNDATION CONSTRUCTION CONTRACTING BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) BY BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name ANTONIO D. BORGES			Vice-President Name ANTONIO D. BORGES		
Street Address 806 COUNTY STREET			Street Address 806 COUNTY STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name ANTONIO D. BORGES			Treasurer Name ANTONIO D. BORGES		
Street Address 806 COUNTY STREET			Street Address 806 COUNTY STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) BY BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name ANTONIO D. BORGES			Director Name N/A		
Street Address 806 COUNTY STREET			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <input type="checkbox"/> 10. SHARES ISSUED BY 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
			100 SHARES	COMMON	NO PAR

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

FILED

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.

JAN 25 2016

Signature of Authorized Representative
ANTONIO D. BORGES
Print or Type Name of Authorized Representative

01/18/2016

Date

President

