



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

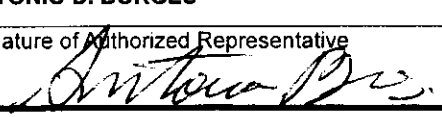
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUSINESS DIV.

2017 JAN 13 PM 3:08

1. Entity ID Number 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. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CONCRETE/FOUNDATION CONSTRUCTION CONTRACTING BUSINESS.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100 SHARES	CLASS/SERIES COMMON	PAR VALUE NO PAR
11. 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.					
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.					
Name of Authorized Representative ANTONIO D. BORGES (President)					Date 1/10/2017
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 13 2017

BY CA 293193

FORM 630 - Revised: 10/2016