RI SOS Filing Number: 201733716200 Date: 02/06/2017 4:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation		
45756	**AMERICAN FORM CORPORATION**		
3. Principal Office Address	City	State	Zip
835 Taunton Avenue	**East Providence**	**RI**	**02914**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
23 - Construction	**CONCRETE FORMS AND ALL OTHER FORMS OF CONSTRUCTION**		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Leonard Mills, Jr.**			Vice-President Name **Wayne Mello**		
Street Address **26 Blanding Road**			Street Address **835 Taunton Avenue**		
City **Rehoboth**	State **MA**	Zip **02769**	City **East Providence**	State **RI**	Zip **02914**
Secretary Name **Leonard Mills, Jr.**			Treasurer Name **Leonard Mills, Jr.**		
Street Address **26 Blanding Road**			Street Address **26 Blanding Road**		
City **Rehoboth**	State **MA**	Zip **02769**	City **Rehoboth**	State **MA**	Zip **02769**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Leonard Mills, Jr.**			Director Name		
Street Address **26 Blanding Road**			Street Address		
City **Rehoboth**	State **MA**	Zip **02769**	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 Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	**COMMON**	**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	Date
LEONARD MILLS, JR.	**2/1/2017**

Signature of Authorized Representative

FILED

FEB 06 2017

BY 2096

KM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 (401) 222-1487995
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016