



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

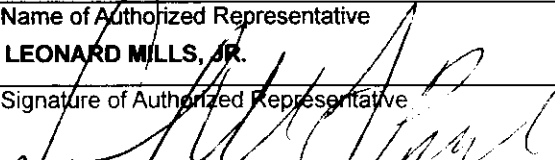
Annual Report for the year: **2017**

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 45756		2. Exact name of the Corporation AMERICAN FORM CORPORATION			
3. Principal Office Address 835 Taunton Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			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 LEONARD MILLS, JR.				Date 2/1/2017	
Signature of Authorized Representative 					

FILED

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

FEB 06 2017

BY 2096

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FORM 630 - Revised: 10/2016