

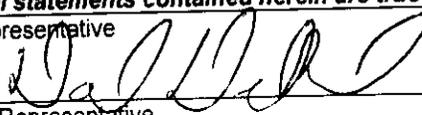


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

RECEIVED  
 R.I. DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION  
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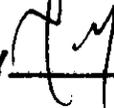
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>119253</b>		2. Exact name of the Corporation <b>Concrete Stamping &amp; Coloring, Inc.</b>			
3. Principal Office Address <b>475 Mowry Street</b>			City <b>Harrisville</b>	State <b>RI</b>	
4. NAICS Code <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>Stamping and Coloring of Concrete</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Daniel Dubreuil, Jr.</b>			Vice-President Name		
Street Address <b>475 Mowry Street</b>			Street Address		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Daniel Dubreuil, Jr.</b>			Director Name <b>Daniel Dubreuil, Sr.</b>		
Street Address <b>475 Mowry Street</b>			Street Address <b>16 Old Reservoir Road</b>		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>Christina A. Wolfe</b>			Director Name <b>Ricky C. Palladini</b>		
Street Address <b>475 Mowry Street</b>			Street Address <b>16 Gazza Road</b>		
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Daniel Dubreuil, Jr.</b> 					Date <b>3-28-17</b>
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

**MAR 29 2017**

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