




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 4714		2. Exact name of the Corporation Consolidated Concrete Corp.			
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 Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George A. Pesce			Vice-President Name John Pesce		
Street Address 835 Taunton Avenue			Street Address 835 Taunton Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name George A. Pesce			Treasurer Name John Pesce		
Street Address 835 Taunton Avenue			Street Address 835 Taunton Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			106	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 George A. Pesce					Date
Signature of Authorized Representative 					

FILED *DL*

APR 03 2017

6498

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