RI SOS Filing Number: 201856380780 Date: 1/18/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation			
161430	**American Mobile Mix Concrete, Inc.**			
3. Principal Office Address		City	State	Zip
7 Arbutus Trail		**Coventry**	**RI**	**02816**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
23 - Construction	**Construction**			
5. State of Incorporation	236118			
Rhode Island				

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

President Name **Anthony Piskura**			Vice-President Name		
Street Address **7 Arbutus Trail**			Street Address		
City **Coventry**	State **RI**	Zip **02816**	City	State	Zip
Secretary Name **Anthony Piskura**			Treasurer Name **Anthony Piskura**		
Street Address **7 Arbutus Trail**			Street Address **7 Arbutus Trail**		
City **Coventry**	State **RI**	Zip **02816**	City **Coventry**	State **RI**	Zip **02816**

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

Director Name **Anthony Piskura**			Director Name		
Street Address **7 Arbutus Trail**			Street Address		
City **Coventry**	State **RI**	Zip **02816**	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**200**	**Common**	**0.01**

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
Anthony Piskura, President	1/10/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

JAN 18 2018

BY 417 05

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

FORM 630 - Revised: 10/2016