



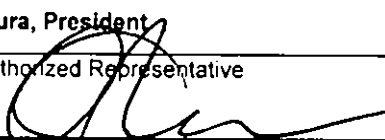
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 161430		2. Exact name of the Corporation American Mobile Mix Concrete, Inc.			
3. Principal Office Address 7 Arbutus Trail			City Coventry	State RI	Zip 02816
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation Rhode Island		236118			
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 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
			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. <i>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.</i>					
Name of Authorized Representative Anthony Piskura, President					Date 1/10/18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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

JAN 18 2018
 BY **412205**

FORM 630 - Revised: 10/2016