

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.			FOR SCRETARY OF STATE USE DALY				
							1. Entity ID Number
161430	American N	American Mobile Mix Concrete, Inc.					
Principal Office Address Arbutus Trail			City Coventry	try S		Zip 02816	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business c	onducted in Rhode	Island	<u> </u>	
23 - Construction		nstruction					
5. State of Incorporation Rhode Island		236118					
7. List ALL officers (names a				Check	k the box to it	ndicate an attachment	
President Name Anthony Pis	Vice-President Name						
Street Address 7 Arbutus Trail			Street Address				
City Coventry	State RI	Zip 02816	City		State	Zip	
Secretary Name Anthony Pis	Treasurer Nam	Treasurer Name Anthony Piskura					
Street Address 7 Arbutus Tra				7 Arbutus Trail			
City Coventry	State RI	^{Zip} 02816	City Coventry		State RI	^{Zip} 02816	
8. List ALL directors (names	and addresses)	· · · · · · · · · · · · · · · · · · ·		Check	k the box to in	ndicate an attachment	
Director Name Anthony Pisk	Director Name	Director Name					
Street Address 7 Arbutus Tra	iil		Street Address	·- "			
City Coventry	State RI	^{Zip} 02816	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized			10. Shares Issued		the box to in	ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		mon 0.01		
		200	200			0.01	
11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	entative. If the corp	oration is in t	he hands of a receiver or	
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or tru	ustee.			
Under penalty of perjury, I statements, and that all sta	etements contained	uiaci nave examin Therein are true ai	iea inis report, ir nd correct.	relucing any acco.	mpanying so	neavies and	
Name of Authorized Represe			Date ,	1			
Anthony Piskura, Presider			1/1	10/18			
Signature of Authorized Repr	resentative						

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W River Street, Providence Phode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov UAN 1 8 2018

FILED

FORM 630 - Revised: 10/2016