



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.

1. Entity ID Number 143064		2. Exact name of the Corporation BORGES CONCRETE FORMS, INC.										
3. Principal Office Address 105 WATERMAN AVENUE # 127		City EAST PROVIDENCE	State RI									
		Zip 02914										
4. NAICS Code 238110	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CONCRETE/FOUNDATION CONSTRUCTION CONTRACTING BUSINESS.											
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name ANTONIO D. BORGES		Vice-President Name ANTONIO D. BORGES										
Street Address 806 COUNTY STREET		Street Address 806 COUNTY STREET										
City SEEKONK	State MA	City SEEKONK	State MA									
Zip 02771		Zip 02771										
Secretary Name ANTONIO D. BORGES		Treasurer Name ANTONIO D. BORGES										
Street Address 806 COUNTY STREET		Street Address 806 COUNTY STREET										
City SEEKONK	State MA	City SEEKONK	State MA									
Zip 02771		Zip 02771										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name ANTONIO D. BORGES		Director Name N/A										
Street Address 806 COUNTY STREET		Street Address										
City SEEKONK	State MA	City	State									
Zip 02771		Zip										
Director Name N/A		Director Name N/A										
Street Address		Street Address										
City	State	City	State									
Zip		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 <input type="checkbox"/>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100 SHARES</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100 SHARES	COMMON	NO PAR			
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100 SHARES	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 ANTONIO D. BORGES		Date 1/17/2018										
(President)		FILED										
Signature of Authorized Representative 		SIGN DOCUMENT JAN 31 2018										

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov