



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

→ 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 116244		2. Exact name of the Corporation CULLION CONCRETE CORPORATION			
3. Principal Office Address P.O. BOX 5560		City WAKEFIELD		State RI	Zip 02880
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island THE PROCESSING AND SALE OF CONCRETE			
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 MARK A. CULLION			Vice-President Name MARK A. CULLION		
Street Address P.O. BOX 5560			Street Address P.O. BOX 5560		
City WAKEFIELD	State RI	Zip 02880	City WAKEFIELD	State RI	Zip 02880
Secretary Name MARK A. CULLION			Treasurer Name		
Street Address P.O. BOX 5560			Street Address		
City WAKEFIELD	State RI	Zip 02880	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK A. CULLION			Director Name		
Street Address P.O. BOX 5560			Street Address		
City WAKEFIELD	State RI	Zip 02880	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NONE
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 MARK A. CULLION, PRESIDENT					Date 3/1/18
Signature of Authorized Representative 					

SIGN DOCUMENT FILE

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

APR 02 2018

BY 2080005

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