



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

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BUS SVCS DIV  
2018 NOV 21 AM 10:43

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 <b>000742457</b>	2. Exact name of the Corporation <b>United Concrete Pumping, Inc.</b>		
3. Principal Office Address <b>2224 GAR Highway</b>		City <b>Swansea</b>	State <b>MA</b>
		Zip <b>02777</b>	
4. NAICS Code <b>238110</b>	6. Brief description of the character of business conducted in Rhode Island <b>provide service to place concrete ready mix at jobsite.</b>		
5. State of Incorporation <b>MA</b>			

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>		
President Name <b>Antonio Sousa</b>			Vice-President Name <b>Antonio Sousa</b>					
Street Address <b>70 Pilot Drive</b>			Street Address <b>70 Pilot Drive</b>					
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>			
Secretary Name <b>Antonio Sousa</b>			Treasurer Name <b>Antonio Sousa</b>					
Street Address <b>70 Pilot Drive</b>			Street Address <b>70 Pilot Drive</b>					
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>			

8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>		
Director Name <b>Antonio Sousa</b>			Director Name					
Street Address <b>70 Pilot Drive</b>			Street Address					
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>	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 <input type="checkbox"/>		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
		<b>200,000</b>	<b>CNP</b>	<b>0.0000</b>			

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 <b>Kyle Aquiar</b>	<b>FILED</b>	Date <b>11-21-18</b>
Signature of Authorized Representative <i>Kyle Aquiar</i>		<b>NOV 21 2018</b>

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