



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

Annual Report for the year: 2017  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2018 NOV 21 AM 10:40

1. Entity ID Number <b>000-742457</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>	City <b>Somerset</b>	State <b>MA</b>
Zip <b>02726</b>		Zip <b>02724</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>	City <b>Somerset</b>	State <b>MA</b>
Zip <b>02726</b>		Zip <b>02726</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>	City	State
Zip <b>02726</b>		Zip	
Director Name		Director Name	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>200,000</b>	CLASS/SERIES <b>CNP</b>
		PAR VALUE <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. <b>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.</b>			
Name of Authorized Representative <b>Kyle Aquilar</b>		Date <b>NOV 21 2018</b>	
Signature of Authorized Representative <b>Kyle Aquilar</b>		<b>11-21-18</b>	
		BY <b>CA ESTTG 10:42</b>	