



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year **2019**
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 000655248		2. Exact name of the Corporation CAPITAL CONCRETE FOUNDATIONS INC.												
3. Principal Office Address 42 MILL STREET UNIT B			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 238100		6. Brief description of the character of business conducted in Rhode Island CONCRETE FOUNDATIONS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name ANTHONY NAPPA			Vice-President Name											
Street Address 58 BROWNING DRIVE			Street Address											
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip									
Secretary Name ANTHONY NAPPA			Treasurer Name ANTHONY NAPPA											
Street Address 58 BROWNING DRIVE			Street Address 58 BROWNING DRIVE											
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name ANTHONY NAPPA			Director Name											
Street Address 58 BROWNING DRIVE			Street Address											
City NORTH KINGSTOWN	State RI	Zip 02852	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td align="center">COMMON</td> <td align="center">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1	COMMON	0			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1	COMMON	0												
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 ANTHONY NAPPA			Date 1-21-19											
Signature of Authorized Representative <i>Anthony Nappa</i>			SIGN DOCUMENT HERE FILED											

JAN 24 2019
BY: 280 DS