



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

FEB 11 2019

BY

196172002

1. Entity ID Number <u>000044823</u>		2. Exact name of the Corporation <u>GREENVILLE READY MIX CONCRETE PRODUCTS, INC.</u>			
3. Principal Office Address <u>79 CEDAR SWAMP ROAD</u>		City <u>SMITHFIELD</u>		State <u>RI</u>	Zip <u>02917</u>
4. N <u>423320</u>	6. Brief description of the character of business conducted in Rhode Island <u>GENERAL GRAVEL, SAND, STONE</u> <u>CONCRETE + LEATHERN MATERIALS</u>				
5. S <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>RONALD T GENDRON JR</u>			Vice-President Name		
Street Address <u>79 CEDAR SWAMP ROAD</u>			Street Address <u>NA</u>		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City	State	Zip
Secretary Name <u>JUDITH A GENDRON</u>			Treasurer Name <u>NA</u>		
Street Address <u>79 CEDAR SWAMP ROAD</u>			Street Address		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>RONALD T GENDRON JR</u>			Director Name		
Street Address <u>79 CEDAR SWAMP ROAD</u>			Street Address <u>NA</u>		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address <u>NA</u>		
City <u>NA</u>	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<u>100</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>
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 <u>JUDITH A. GENDRON</u>					Date <u>2/6/19</u>
Signature of Authorized Representative <u>Judith A Gendron</u>					

## MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017