



Department of State - Business Services Division

FILED
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 JUN 03 2019

Annual Report for the year: 2019
Corporation

BY 2019

- 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 143064		2. Exact name of the Corporation BORGES CONCRETE FORMS, INC.			
3. Principal Office Address 105 WATERMAN AVENUE # 127			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CONCRETE/FOUNDATION CONSTRUCTION CONTRACTING BUSINESS.			
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 ANTONIO D. BORGES			Vice-President Name ANTONIO D. BORGES		
Street Address 806 COUNTY STREET			Street Address 806 COUNTY STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name ANTONIO D. BORGES			Treasurer Name ANTONIO D. BORGES		
Street Address 806 COUNTY STREET			Street Address 806 COUNTY STREET		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTONIO D. BORGES			Director Name N/A		
Street Address 806 COUNTY STREET			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Director Name N/A			Director Name N/A		
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
			100 SHARES	COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative ANTONIO D. BORGES				Date JANUARY 25, 2019	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		