



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

FILED

AUG 19 2019 STAMP

BY 33005

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.

1. Entity ID Number <b>001659017</b>		2. Exact name of the Corporation <b>S H CONCRETE WORKS INC</b>			
3. Principal Office Address <b>135 SHARPE STREET</b>		City <b>WEST GREENWICH</b>		State <b>RI</b>	Zip <b>02817</b>
4. NAICS Code <b>237990</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONCRETE CONSTRUCTION</b>			
5. State of Incorporation <b>RI</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>SCOTT HARRINGTON</b>			Vice-President Name <b>ROXANNE HARRINGTON</b>		
Street Address <b>135 SHARPE STREET</b>			Street Address <b>135 SHARPE STREET</b>		
City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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
		<b>1000</b>		<b>0.00</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>Roxanne Harrington</b>					Date <b>8/1/19</b>
Signature of Authorized Representative <i>Roxanne Harrington</i>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)