RI SOS Filing Number: 202035446640 Date: 2/25/2020 4:00:00 PM

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2020 FEB 25 A 10: 02

State of Rhode Island and Providence Plantations Department of State - Business Services Division
 I Domant for the cooper and a

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fe	ee if form is not	filed by April 1.						
Entity ID Number     2. Exact name of the Corporation								
000066764 A J CONCRETE PUMPING SERVICE, INC.								
3. Principal Office Address	City		State	Žip				
201 Broad Street	Cumberlan	d	RI	02864				
NAICS Code     Serief description of the character of business conducted in Rhode Island								
238110	· · · · · · · · · · · · · · · · · · ·							
5. State of Incorporation	necessary machinery							
1 Nocessary Medical Property								
7. List Al 1 officers (names and addresses).								
President Name Joseph Almeida	Vice-President Name Jose C. Almeida							
Street Address 3947 Diamond Hill I	Street Address 2600 Diamond Hill Road							
City Cumberland	Slate RI	<sup>Zip</sup> 02864	City Cumberland		State RI	<sup>Zip</sup> 02864		
Secretary Name Joseph Almeida	Treasurer Name Jose C. Almeida							
Street Address 3947 Diamond HIX	Street Address 2600 Diamond Hill Road							
City Cumberland State RI		<sup>Zip</sup> 02864	City Cumbertand		State RI Zip 02864			
B. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name Joseph Almeida	Director Name Jose C. Almelda							
Street Address 3947 Diamond Hill I	Street Address 2600 Diamond Hill Road							
Chy Cumberland	State RI	Zip 02864	City Cumberland		State RI	<sup>Zip</sup> 02864		
Director Nama None		Director Name None						
Street Address	Street Address							
City	State	Zip	City		State	Ζφ		
9. Shares Authorized	10. Shares Iss	sued Check the box to indicate an attachment						
This information is currently of reco	NUMBER OF SHARES		CLASS/SERIES					
Department of State.	300		Соттол		No Par Value			
Changes require an additional filing.								
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 contained herein are true and correct.								
Name of Authorized Representative Date								
Joseph Almelds QIGQO								
Signature of Authorized Representative  On a Unitary HL 3L								
WILL TO								

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

FILED

FORM 530 - Revised: 10/2017

FEB 25 2020 BY CM CK 1378