

2020 FEB 25 A 10:02



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

Annual Report for the year: 2020

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 000066764		2. Exact name of the Corporation A J CONCRETE PUMPING SERVICE, INC.			
3. Principal Office Address 201 Broad Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 238110	6. Brief description of the character of business conducted in Rhode Island To provide services of conveying concrete through a pipeline as well as owning and operating the necessary machinery				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Almeida			Vice-President Name Jose C. Almeida		
Street Address 3947 Diamond Hill Road			Street Address 2600 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Joseph Almeida			Treasurer Name Jose C. Almeida		
Street Address 3947 Diamond Hill Road			Street Address 2600 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Almeida			Director Name Jose C. Almeida		
Street Address 3947 Diamond Hill Road			Street Address 2600 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name None			Director Name None		
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		
			300	Common	No Par Value
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 Joseph Almeida					Date 2/19/20
Signature of Authorized Representative 					

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 630 - Revised: 10/2017

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