



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

- Filing period January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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FOR
 SECRETARY OF STATE
 USE ONLY

2021 MAR -3 AM 11:37

1. Entity ID Number 67446		2. Exact name of the Corporation HERITAGE CONCRETE CORP.			
3 Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 GEORGE WASHINGTON HWY.			City LINCOLN		State RI
			Zip 02865		
4 NAICS Code 238120		6. Brief description of the character of business conducted in Rhode Island SALE OF CONCRETE PRODUCTS			
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 SHARON A. COURTOIS			Vice President Name R. JOHN COURTOIS		
Street Address 110 STRATHMORE STREET			Street Address 110 STRATHMORE STREET		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Secretary Name R. JOHN COURTOIS			Treasurer Name R. JOHN COURTOIS		
Street Address 110 STRATHMORE STREET			Street Address 110 STRATHMORE STREET		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SHARON A. COURTOIS			Director Name R. JOHN COURTOIS		
Street Address 110 STRATHMORE STREET			Street Address 110 STRATHMORE STREET		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip 02882
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	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.					
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 SHARON A. COURTOIS					Date
Signature of Authorized Representative <i>Sharon A. Courtois</i>					SIGN DOCUMENT HERE FILED

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

MAR 03 2021

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