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State of Rhode Island

Department of State - Business Services Division

FILED
APR 02 2021 STAMP
BY 3553

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.

1. Entity ID Number	2. Exact name of the Corporation			
000011916	N.Y. Concrete Construction Co.			
3. Principal Office Address		City	State	Zip
265 Sayles Avenue		Providence	RI	02905
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
23 Construction 236118	Concrete work			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Leigh V. Augustine			Vice-President Name:		
Street Address: 265 Sayles Avenue			Street Address:		
City: Providence	State: RI	Zip: 02905	City:	State:	Zip:
Secretary Name: Leigh V. Augustine			Treasurer Name: Leigh V. Augustine		
Street Address: 265 Sayles Avenue			Street Address: 265 Sayles Avenue		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	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	Date
Leigh V. Augustine , President	3/30/21

Signature of Authorized Representative: Leigh Augustine

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

FORM 630 - Revised: 08/2020