



State of Rhode Island

## 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.

STAMP

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>001659017</b>		2. Exact name of the Corporation <b>SH CONCRETE WORKS INC</b>		2021 JUN 21 A 9:34	
3. Principal Office Address 135 SHARPE STREET		City WEST GREENWICH		State RI	Zip 02817
4. NAICS Code 237990	6. Brief description of the character of business conducted in Rhode Island CONCRETE CONSTRUCTION				
5. State of Incorporation ri					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name SCOTT HARRINGTON			Vice-President Name ROXANNE HARRINGTON		
Street Address 135 SHARPE STREET			Street Address 135 SHARPE STREET		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
Secretary Name SCOTT HARRINGTON			Treasurer Name ROXANNE HARRINGTON		
Street Address 135 SHARPE STREET			Street Address 135 SHARPE STREET		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
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					
10. Shares Issued <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	
		1000		0	
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 ROXANNE HARRINGTON				Date 06/18/2021	
Signature of Authorized Representative <i>Roxanne Harrington</i>					

FILED

JUN 21 2021  
16 HES6B  
9:34