



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

SECRETARY OF STATE
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|-----------------------------------------|------------------------------------------------------------------|--|
| 1. Entity ID Number 001659017 | 2. Exact name of the Corporation SH CONCRETE WORKS INC | |
|-----------------------------------------|------------------------------------------------------------------|--|

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|--------------------------------------------------|------------------------|-------------|--------------|
| 3. Principal Office Address 135 SHARPE STREET | City WEST GREENWICH | State RI | Zip 02817 |
|--------------------------------------------------|------------------------|-------------|--------------|

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|---------------------------------|------------------------------------------------------------------------------------------------------|
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 This information is currently of record in the Department of State. Changes require an additional filing. | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|-----------|------|--|---|--|--|--|
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1000</td> <td></td> <td style="text-align: center;">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 1000 | | 0 | | | |
| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | |
| 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.

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|----------------------------------------------------------------|--------------------|
| Name of Authorized Representative ROXANNE HARRINGTON | Date 06/18/2021 |
|----------------------------------------------------------------|--------------------|

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|---------------------------------------------------------------------|--------------|
| Signature of Authorized Representative <i>Roxanne Harrington</i> | 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

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