



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

STAMP

- 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

2021 SEP 14 P 3:45

1. Entity ID Number 001673563		2. Exact name of the Corporation Rhode Island Concrete Inc.	
3. Principal Office Address 316 Field Hill Rd.		City Scituate	State RD
		Zip 02815	
4. NAICS Code 238910	6. Brief description of the character of business conducted in Rhode Island Concrete floor + pumping concrete		
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 Steven J. Langford		Vice-President Name Steven J. Langford JR.	
Street Address 316 Field Hill Rd.		Street Address 316 Field Hill Rd.	
City Scituate	State RD	Zip 02815	City Scituate
			State RD
			Zip 02815
Secretary Name April M. LaFleur		Treasurer Name Steven J. Langford	
Street Address 316 Field Hill Rd.		Street Address 316 Field Hill Rd.	
City Scituate	State RD	Zip 02815	City Scituate
			State RD
			Zip 02815
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		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	
		8,000	Common
			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 Steven J. Langford			Date 9/14/21
Signature of Authorized Representative			

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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