



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2022**
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BY

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1. Entity ID Number 331		2. Exact name of the Corporation ACME CONCRETE FORM CO., INC.			
3. Principal Office Address 11 Joy Street			City Johnston	State RI	Zip 02919-0000
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island foundation contractor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul L. Carbone			Vice-President Name Ellen Carbone		
Street Address 88 Alpine Estates Drive			Street Address 88 Alpine Estates Drive		
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-
Secretary Name Ellen Carbone			Treasurer Name Paul L. Carbone		
Street Address 88 Alpine Estates Drive			Street Address 88 Alpine Estates Drive		
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE No Par
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 Paul L. Carbone President					Date 1/04/2022
Signature of Authorized Representative 					

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: 11/2021