



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

FEB 14 2023

BY 14875 DS

1. Entity ID Number 4714		2. Exact name of the Corporation CONSOLIDATED CONCRETE CORP.			
3. Principal Office Address 835 Taunton Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 23-Construction		6. Brief description of the character of business conducted in Rhode Island Concrete Sales			
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 George A. Pesce			Vice-President Name Lori Pesce		
Street Address 835 Taunton Avenue			Street Address 835 Taunton Avenue		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
Secretary Name George A. Pesce			Treasurer Name George A. Pesce		
Street Address 835 Taunton Avenue			Street Address 835 Taunton Avenue		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
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		
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 GEORGE A. PESCE, President					Date 2-2-23
Signature of Authorized Representative <i>George Pesce</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov