RI SOS Filing Number: 202329453310 Date: 2/24/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FEB	2 4	2023	์ ผ
1	19	32	30

1. Entity ID Number	2. Exact name	2. Exact name of the Corporation								
331	ACME C	ACME CONCRETE FORM CO., INC.								
Principal Office Address			City		State	Zip				
11 Joy Street			Jo	hnston	RI	02919-0000				
4 NAICS Code	6. Brief descrip	tion of the characte	r of business c	onducted in Rhoo	de Island					
238110	foundation contractor									
5. State of Incorporation	1									
RI										
7. List ALL officers (names and addresses) Check the box to indicate an attachment										
President Name	Vice-President Name									
Paul L. Carbone	Ellen Carbone									
Street Address 88 Alpine Estates	Street Address 88 Alpine Estates Drive									
City Cranston	State RI	Zip 02921-	City Cran	ston	StateRI	Zip 02921-				
Secretary Name Ellen Carbone			Treasurer Name Carbone							
Street Address 88 Alpine Estates Drive			Street Address Brive Street Address Drive							
City Cranston	State RI	Zip 02921-	City Crans	ton	Stall	202921-				
8. List ALL directors (names and addresses) Check the box to indicate an attachment										
Director Name none		• •	Directon Magne							
Street Address			Street Address							
none										
City none	State none	Zip none	City none		State none	Zipnone				
Director Name none	Directo門和紹介e									
Street Address none	Street Antimess									
HANG		la:- none	попе		none	none				
City none	State none	Zip none	City		State	Zip				
9. Shares Authorized	<u> </u>	10. Shares Issue		d Check the box to indicate an attachment □						
	This information is currently of record in the		HARES	CLASS/SERIES PAR VALUE						
Department of State.		300	•	Comm	on	NO FAI				
Changes require an additional filin	g.									
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 execu	<u>ited on behalf of th</u>	ne corporation by th	e receiver or tr	ustee.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and										
<u>statements, and that all statements contained herein are true and</u> Name of Authorized Representative					Date	Date				
Paul L. Carbone Pr			sident		1/04/202	Date 1/04/2023				
Signature of Authorized Representative										
/ aut L'Cont										
19 mil 11. Con										

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