



State of Rhode Island

## Department of State - Business Services Division

## Annual Report for the year:

## Corporation

**2023**

FEB 24 2023

128238

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number <b>331</b>		2. Exact name of the Corporation <b>ACME CONCRETE FORM CO., INC.</b>			
3. Principal Office Address <b>11 Joy Street</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-0000</b>
4. NAICS Code <b>238110</b>		6. Brief description of the character of business conducted in Rhode Island <b>foundation contractor</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Paul L. Carbone</b>			Vice-President Name <b>Ellen Carbone</b>		
Street Address <b>88 Alpine Estates Drive</b>			Street Address <b>88 Alpine Estates Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>
Secretary Name <b>Ellen Carbone</b>			Treasurer Name <b>Paul L. Carbone</b>		
Street Address <b>88 Alpine Estates Drive</b>			Street Address <b>88 Alpine Estates Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.			10. Shares Issued		
Changes require an additional filing.			NUMBER OF SHARES <b>300</b>	CLASS/STRIKES <b>Common</b>	PAR VALUE <b>No Par</b>
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 <b>Paul L. Carbone</b>				Date <b>1/04/2023</b>	
Signature of Authorized Representative 					