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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| <br>. ATCEIVED |   |
|----------------|---|
| <br>PT. G 3.   | - |

| 1. Entity ID Number   | 2. Exact nam          | e of the Corporation            | 7973 MAG            | ) 11                          |                     |                          |  |  |
|---|-----------------------|---------------------------------|---------------------|-------------------------------|---------------------|--------------------------|--|--|
| 000507650   | A-1 Concret           | e Cutting & Const               | ro-3 HMD            | 116 11:57                     |                     |                          |  |  |
| 3. Principal Office Address   |                       |                                 | City                |                               | State               | Zip                      |  |  |
| 150 W. Main St., PO Box 2098  |                       |                                 | Norton              |                               | MA                  | 02766                    |  |  |
| 4. NAICS Code   | <b> </b>              |                                 |                     | conducted in Rhod             | le Island           |                          |  |  |
| 238120  | Concrete cu           | Concrete cutting & construction |                     |                               |                     |                          |  |  |
| 5. State of Incorporation   |                       |                                 |                     |                               |                     |                          |  |  |
| MA  |                       |                                 |                     |                               |                     |                          |  |  |
| 7. List ALL officers (names a   | and addresses)        |                                 |                     |                               | ck the box to inc   | licate an attachment     |  |  |
| President Name<br>Timothy A. Nordbeck   |                       |                                 | Vice-President Name |                               |                     |                          |  |  |
| Street Address<br>89 E. Hodges St.  |                       |                                 | Street Address      |                               |                     |                          |  |  |
| City<br>Norton  | State MA              | Zıp<br>02766                    | City                |                               | State               | Zip                      |  |  |
| Secretary Name  |                       | Treasurer Name                  |                     |                               | <b>I</b>            |                          |  |  |
| Street Address  |                       |                                 | Street Address      |                               |                     |                          |  |  |
| City  | State                 | Zip                             | City                |                               | State               | Zip                      |  |  |
| 8. List ALL directors (names  | and addresses)        |                                 |                     | Che                           | ck the box to inc   | licate an attachment     |  |  |
| Director Name<br>Timothy A. No  | Director Nan          | Director Name                   |                     |                               |                     |                          |  |  |
| Street Address 89 E. Hodges St.   |                       |                                 | Street Address      |                               |                     |                          |  |  |
| City<br>Norton  | State MA              | Zip 02766                       | City                | ·                             | State               | Zip                      |  |  |
| Director Name   |                       |                                 | Director Nan        | ne                            | <del></del>         |                          |  |  |
| Street Address  | Street Addre          | Street Address                  |                     |                               |                     |                          |  |  |
| City  | State                 | Zip                             | City                |                               | State               | Zip                      |  |  |
| 9. Shares Authorized  |                       | 10. Shares Iss                  | sued                | Ché                           | ck the box to ind   | icate an attachment      |  |  |
| This information is currently of record in the<br>Department of State.<br>Changes require an additional filing. |                       | NUMBER OF SHARES                |                     | CLASS/SERIES                  |                     | PAR VALUE                |  |  |
|   |                       | 20,000                          |                     | CNP                           |                     | 0                        |  |  |
|   |                       |                                 |                     |                               |                     |                          |  |  |
| 11. This report must be execu   |                       |                                 |                     |                               | rporation is in the | e hands of a receiver or |  |  |
| trustee, this report must be e<br>Under penalty of perjury, t   | declare and affirm ti | hat i have examin               | ed this report,     | trustee.<br>Including any acc | ompanying sch       | edules and               |  |  |
| statements, and that all sta<br>Name of Authorized Represe  |                       | herein are true an              | id correct.         |                               | Date                |                          |  |  |
| Timothy A. Nordbeck   |                       |                                 |                     |                               | 3-15-2023           |                          |  |  |
| Signature of Authorized Repr  | edentative            |                                 |                     |                               |                     |                          |  |  |
| 1   |                       | W                               | FILED               | 15.7                          |                     |                          |  |  |
| AIL TO:   |                       | 1,                              | MAR 1 6 2           | 123                           | <u> </u>            |                          |  |  |

Division of Business Services

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

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