<b>7.5</b> 3
345

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.

1	. GCCEIVED	
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1. Entity ID Number	2. Exact nam	e of the Corporation	ก	• •	7973 HAD	11 -		
000507650		e Cutting & Const	evi J. MAK	16 P 1:57				
3. Principal Office Address			City		State	Zip		
150 W. Main St., PO Box 2098			Norton		MA	02766		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
238120	Concrete cut	Concrete cutting & construction						
5. State of Incorporation	•							
MA								
7. List ALL officers (names a	and addresses)			Che	eck the box to indi	cate an attachment		
President Name Timothy A. Nordbeck			Vice-President Name					
Street Address 89 E. Hodges St.			Street Address					
City Norton	State MA	Zıp 02766	City		State	Zip		
Secretary Name	Treasurer Name							
Street Address			Street Address					
City	State	Zip	City		State	Zip		
3. List ALL directors (names	and addresses)			Che	eck the box to indi	L cate an attachment		
Director Name Timothy A. Nordbeck			Director Name					
Street Address 89 E. Hodges St.			Street Address					
City Norton	State MA	Zip 02766	City	· m. u	State	Zip		
Irector Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
3. Shares Authorized		10. Shares Iss	l sued	Che	Check the box to indicate an attachment			
This Information is currently of record in the		NUMBER O		CLASS/SERIES		PAR VALUE		
Department of State. Changes require an additional filing.		20,000		CNP	] (	)		
11. This report must be execu					rporation is in the	hands of a receiver or		
rustee, this report must be e Inder penalty of perjury, t	xecuted on behalf of	the corporation by	the receiver or t	rustee.				
tatements, and that all sta	tements contained							
Name of Authorized Representative					Date			
Timothy A. Nordbeck		3-15-2023						
Signature of Authorized Repr	entative	W	FILED	157				
All TO:		1 3	MAR 1 6 20	92				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 00 - 2/7/2023 Wolters Kluwer Online MAR 16 2023 BY 11 18 7W

FORM 630 - Revised: 2/2023