RI SOS Filing I	Date: 2/14/2024 4:00:00 PM					
State of Rhode Island Department of Sta		s Services Di	ivision			TAMP
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.			FEB 1 4 2024 1507			
3. Principal Office Address 46 Friendship Street			C _i ty Westerly		State RI	Zip 02891
4 NAICS Code 238110 5. State of Incorporation Rhode Island	6. Brief description of the character of business conducted in Rhode Island To undertake residential and commercial concrete construction and all attendant work consistent and/or associated herewith.					
/ List ALL officers (names and addresses) President Name Daniel T. Cassidy			Check the box to indicate an attachment Vice-President Name Robert E. Gingerella			
Street Address 6 Alexandra Court			Street Address 8 Boy Scout Drive			
City Bradford	State RI	^{Zıp} 02808	City Westerly		State RI	^{Zip} 02891
Secretary Name Daniel T. Cassidy			Treasurer Name Robert E. Gingerella			
Street Address 6 Alexandra Court			Street Address 8 Boy Scout Drive			
^{City} Bradford	State RI	^{Zip} 02808	City Westerly		State RI	^{Zip} ()2891
B. List ALL directors (names and addresses) Director Name			Check the box to indicate an attachment Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip

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 negative of negiune I declare and affirm that I have examined this report, including any accompanying schedules and	_

Director Name

Street Address

City

statements, and that all statements contained herein are true and correct.

Zip

10. Shares Issued

100

NUMBER OF SHARES

State

Name of Authorized Representative

Changes require an additional filing.

This information is currently of record in the

Daniel T. Cassidy

Signature of Authorized Representative

MAIL TO:

Director Name

Street Address

9. Shares Authorized

Department of State.

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov Zip

No Par Value

Check the box to indicate an attachment

State

CLASS/SERIES

Common