



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

## 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 14 2024

41067

1. Entity ID Number 161430		2. Exact name of the Corporation American Mobile Mix Concrete, Inc.			
3. Principal Office Address 7 Arbutus Trail			City Coventry	State RI	Zip 02816
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Anthony Piskura			Vice-President Name		
Street Address 7 Arbutus Trail			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Anthony Piskura			Treasurer Name Anthony Piskura		
Street Address 7 Arbutus Trail			Street Address 7 Arbutus Trail		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Anthony Piskura			Director Name		
Street Address 7 Arbutus Trail			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		200		Common	
				\$.01	
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 Anthony Piskura				Date 2/5/24	
Signature of Authorized Representative					