



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.

REC'D RIDGE BSD  
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1. Entity ID Number <b>001680798</b>		2. Exact name of the Corporation <b>Concrete Construction Associates, Corp.</b>			
3. Principal Office Address <b>25 Tome Street</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>238110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Concrete Subcontractors</b>			
5. State of Incorporation <b>Rhode Island</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>Edward Krasner</b>			Vice-President Name <b>Simon Krasner</b>		
Street Address <b>25 Tome Street</b>			Street Address <b>25 Tome Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>N/A</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			<b>100</b>	<b>STK</b>	<b>\$0.01</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>Edward Krasner</b>					Date <b>2-26-2024</b>
Signature of Authorized Representative <i>Edward Krasner</i>					<b>FILED</b> <i>llw</i>

**FEB 28 2024**  
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