State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024

- → Filing peliod. February 1 May 1
- → Filing Fee: \$50.00
- → Penalty. Additional \$25.00 fee if form is not filed by May 31

MAP 9 4 2024	Q.
511	

Entity ID Number	2 Exact name o	2 Exact name of the Corporation								
001718724 PIVOTAL CONCRETE, INC.										
3 Principal Office Address	PLVOIAL	<u> </u>	NCREIE, IN				Chada	7:-		
80 HUMMINGBIRD	COLLOW AMENIE			City			State	Zip		
4 NAICS Code		OILLOW_AVENUE WAKEFIELD RI 02879 6. Brief description of the character of business conducted in Rhode Island								
238900	o. Shot description of the character of business conducted in fallous Island									
5. State of Incorporation	1									
· ·	l va govern									
RI MASONRY										
7 List ALL officers (names and addresses)					Check the box to indicate an attachment					
President Name	THE PROPERTY AND A SECOND PROPERTY AND A SEC									
JUS MARTEL										
Street Address				Street Address						
80 HUMMINGBIRD		1		2.		Ta	T	<u></u>		
City	State	Zıp		City		State		Zip		
WAKEFIELD	RI	Ţυ	<u> 2879 </u>	_		<u>l</u>				
Secretary Name				Treasurer Name						
Street Address				Street Address						
City	State	Zip	, , ,	City		State		Zip		
List ALL directors (names and	d addresses)	<u> </u>		<u> </u>	Che	eck the box t	to indica	ite an attachment		
Director Name				Director Name						
Street Address			Street Address							
City	State	State Zip		City		State		Zip		
	<u> </u>									
Director Name Director Name										
Street Address			Street Address							
City	State	Zip		City St		State		Zip		
		<u>L</u>								
9 Shares Authorized		\Box	10. Shares Issued		Che	eck the box t	to indica	ite an attachment		
This information is currently of record in the Department of State.			NUMBER OF SH							
Changes require an additional	filing.	l			COMMON 5	. 0011				
		prpor	ation by an authorized	representa	tive If the corporation	is in the han	nds of a			
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					Da	Date 2/29/24				
Signature of Authorized Representative JUS MARTEL										
	-									

MAIL TO:

Division of Business Services

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

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