



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS BSD  
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Annual Report for the year: 2023  
Limited Liability Company

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

|                                                                                                                                                                                                         |  |                                                                                                                                     |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001736771</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>TRM CONCRETE LLC</b>                                                           |                    |
| 3. NAICS Code<br><b>238120</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>CONCRETE CUTTING and<br/>GENERAL CONSTRUCTION</b> |                    |
| 5. State of Formation<br><b>MASSACHUSETTS</b>                                                                                                                                                           |  |                                                                                                                                     |                    |
| 6. Principal Office Address<br><b>72A TAUNTON STREET</b>                                                                                                                                                |  | City<br><b>Plainville</b>                                                                                                           | State<br><b>MA</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02762</b>                                                                                                                 |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                     |                    |
| Contact Name<br><b>PATRICIA BANKS</b>                                                                                                                                                                   |  | Contact Title<br><b>CEO</b>                                                                                                         |                    |
| Street Address<br><b>554 WINTER STREET</b>                                                                                                                                                              |  | City<br><b>Walpole</b>                                                                                                              | State<br><b>MA</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02081</b>                                                                                                                 |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                                     |                    |
| 9. 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 Person<br><b>PATRICIA BANKS</b>                                                                                                                                                      |  | Date<br><b>3/19/2024</b>                                                                                                            |                    |
| Signature of Authorized Person<br><i>Patricia Banks</i>                                                                                                                                                 |  |                                                                                                                                     |                    |

*FILED* 1126

MAR 19 2024  
BY EIKSY

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)