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State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation
000066764	A J CONCRETE PUMPING SERVICE, INC

3. Principal Office Address	City	State	Zip
201 Broad Street	Cumberland	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238110	To provide services of conveying concrete through a pipeline as well as owning and operating the necessary machinery
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Joseph Almeida			Vice-President Name: None		
Street Address: 3947 Diamond Hill Road			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	Zip:
Secretary Name: None			Treasurer Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Joseph Almeida			Director Name: None		
Street Address: 3947 Diamond Hill Road			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	No par value

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: Joseph Almeida

Date: 2/20/24

Signature of Authorized Representative:

FILED
MAR 22 2024
BY 3575

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

FORM 630- Revised 12/2023