



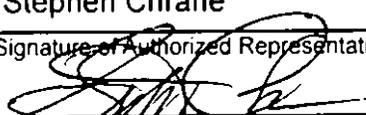
State of Rhode Island  
Department of State - Business Services Division

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.

RECEIVED  
 MAR 25 4:03:55 PM  
 A.I.F.

1. Entity ID Number <b>505630</b>		2. Exact name of the Corporation <b>Industrial Concrete Services, Inc.</b>			
3. Principal Office Address <b>87 Industrial Park Road</b>			City <b>Saco</b>	State <b>ME</b>	Zip <b>04072</b>
4. NAICS Code <b>238330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Industrial and commercial floor installation</b>			
5. State of Incorporation <b>Maine</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>Stephen Chrane</b>			Vice-President Name		
Street Address <b>616 Parkerhead Road</b>			Street Address		
City <b>Phippsburg</b>	State <b>ME</b>	Zip <b>04562</b>	City	State	Zip
Secretary Name <b>Kris Coburn</b>			Treasurer Name <b>Stephen Chrane</b>		
Street Address <b>175 McWain Hill Road</b>			Street Address <b>616 Parkerhead Road</b>		
City <b>Waterford</b>	State <b>ME</b>	Zip <b>04088</b>	City <b>Phippsburg</b>	State <b>ME</b>	Zip <b>04562</b>
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>Stephen Chrane</b>			Director Name		
Street Address <b>616 Parkerhead Road</b>			Street Address		
City <b>Phippsburg</b>	State <b>ME</b>	Zip <b>04562</b>	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		CLASS/SERIES	PAR VALUE
		<b>40</b>		<b>Common</b>	<b>\$0.00</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.					
<b>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.</b>					
Name of Authorized Representative <b>Stephen Chrane</b>					Date <b>2/9/24</b>
Signature of Authorized Representative 					<b>FILED</b>

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

MAR 26 2024  
BY ML 38381