



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED

FEB 11 2025
BY 1165 OV
STATE OF RHODE ISLAND
CLERK OF COURTS

1. Entity ID Number 000119253		2. Exact name of the Corporation CONCRETE STAMPING & COLORING, INC			
3. Principal Office Address 475 MOWRY STREET		City HARRISVILLE		State RI	Zip 02830
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island STAMPING AND COLORING OF CONCRETE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DANIEL DUBREUIL JR.			Vice-President Name BEVERLY V BOSTIC		
Street Address 475 MOWRY STREETE			Street Address 94 PARKER STREET		
City HARRISVILLE	State RI	Zip 02830	City LINCOLN	State RI	Zip 02865
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BEVERLY BOSTIC			Director Name		
Street Address 94 PARKER STREET			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 COMMON NO PAR		
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 DANIEL DUBREUIL					Date 11-24-25
Signature of Authorized Representative 					

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