FILED
FEB 24 2025
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
001673568	Rhode Island Concrete, Inc.			
3. Principal Office Address		City	State	Zip
316 Field Hill Road		Clayville	RI	02815
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238910	ENGAGE IN THE BUSINESS OF CONCRETE FLOORS AND PUMPING CONCRETE			
5. State of Incorporation				
Rhode Island				

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

President Name: Steven J. Langford			Vice-President Name: Steven J. Langford		
Street Address: 316 Field Hill Road			Street Address: 316 Field Hill Road		
City: Clayville	State: RI	Zip: 02815	City: Clayville	State: RI	Zip: 02815
Secretary Name: April Lafleur			Treasurer Name: Steven J. Langford		
Street Address: 316 Field Hill Road			Street Address: 316 Field Hill Road		
City: Clayville	State: RI	Zip: 02815	City: Clayville	State: RI	Zip: 02815

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	8000	Common	No Par
Changes require an additional filing.			

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	Date
Steven J. Langford	2/17/25

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

FORM 630- Revised 04/2023