



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

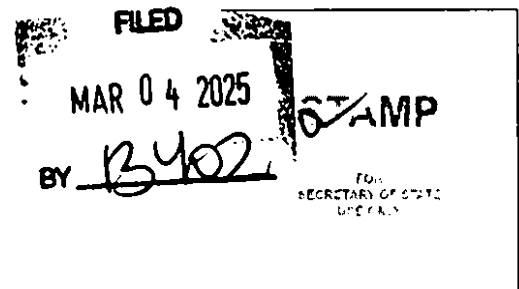
2025

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 331 | | 2. Exact name of the Corporation ACME CONCRETE FORM CO., INC. | | | |
| 3. Principal Office Address 11 Joy Street | | | City Johnston | State RI | Zip 02919-0000 |
| 4. NAICS Code 238110 | | 6. Brief description of the character of business conducted in Rhode Island foundation contractor | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Paul L. Carbone | | | Vice-President Name Ellen Carbone | | |
| Street Address 88 Alpine Estates Drive | | | Street Address 88 Alpine Estates Drive | | |
| City Cranston | State RI | Zip 02921- | City Cranston | State RI | Zip 02921- |
| Secretary Name Ellen Carbone | | | Treasurer Name Paul L. Carbone | | |
| Street Address 88 Alpine Estates Drive | | | Street Address 88 Alpine Estates Drive | | |
| City Cranston | State RI | Zip 02921- | City Cranston | State RI | Zip 02921- |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | | |
| | | CLASS/SERIES | | PAR VALUE | |
| | | 300 | 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 Paul L. Carbone <i>Paul L. Carbone</i> Signature of Authorized Representative | | | | | Date 1/04/2025 |

MAIL TO:

Division of Business Services

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