



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.

REC'D RIDOS BSD  
25 MAR 14 PM 12:07

1. Entity ID Number <b>000066764</b>	2. Exact name of the Corporation <b>A J CONCRETE PUMPING SERVICE, INC</b>
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3. Principal Office Address <b>201 Broad Street</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
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4. NAICS Code <b>233110</b>	6. Brief description of the character of business conducted in Rhode Island <b>To provide services of conveying concrete through a pipeline as well as owning and operating the necessary machinery</b>
5. State of Incorporation <b>RI</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>Joseph Almeida</b>			Vice-President Name <b>None</b>		
Street Address <b>3947 Diamond Hill Road</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>Joseph Almeida</b>			Treasurer Name <b>Joseph Almeida</b>		
Street Address <b>3947 Diamond Hill Road</b>			Street Address <b>3947 Diamond Hill Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</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>Joseph Almeida</b>			Director Name <b>None</b>		
Street Address <b>3947 Diamond Hill Road</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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.	NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE
Changes require an additional filing.	<b>300</b>	<b>Common</b>	<b>No par value</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.

**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 <b>Joseph Almeida</b>	Date <b>2/25/25</b>
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Signature of Authorized Representative 	<b>FILED</b>
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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 14 2025**  
**BY: [Signature]**