



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

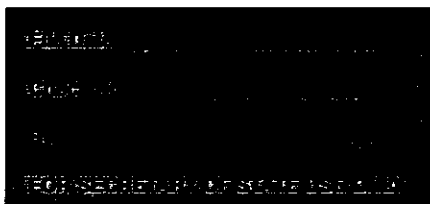
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000132984</b>		2. Exact name of the Corporation <b>STAMPED-CONCRETE, INC.</b>			
3. Principal office address <b>10 LEONARD DRIVE</b>			City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>
4. Business Phone No. <b>401-766-6655</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>INSTALLATION OF CONCRETE SURFACES AND SELLING AND OTHERWISE DEALING WITH THE CONCRETE AND RELATED SUBSTANCES OF EVERY TYPE AND DESCRIPTION.</b>					
President Name <b>MICHAEL T PEZZA</b>			Vice-President Name		
Street Address <b>10 LEONARD DRIVE</b>			Street Address		
City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>	City	State	Zip
Secretary Name <b>MICHAEL T PEZZA</b>			Treasurer Name <b>MICHAEL T PEZZA</b>		
Street Address <b>10 LEONARD DRIVE</b>			Street Address <b>10 LEONARD DRIVE</b>		
City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) IN BOX FOR ATTACHMENT</b>					
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
<b>SHARES AUTHORIZED</b>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	COMMON	0.00

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 SECRETARY OF STATE  
 CORPORATIONS DIV.

*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.*



**FILED**

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.

DEC 24 2013

*[Signature]*  
 Signature of Authorized Representative

12-23-13  
 Date

CR 213607

**MICHAEL T PEZZA, PRESIDENT**

Print or Type Name of Authorized Representative

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