



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 2012

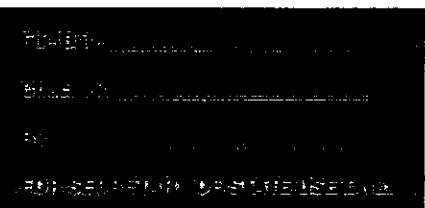
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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

1. Entity ID No. 000132984		2. Exact name of the Corporation STAMPED-CONCRETE, INC.		
3. Principal office address 10 LEONARD DRIVE		City HARRISVILLE	State RI	Zip 02830
4. Business Phone No. 401-766-6655		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island INSTALLATION OF CONCRETE SURFACES AND SELLING AND OTHERWISE DEALING WITH THE CONCRETE AND RELATED SUBSTANCES OF EVERY TYPE AND DESCRIPTION.				
OFFICERS (NAME AND ADDRESSES) (SEE INSTRUCTIONS) <input type="checkbox"/>				
President Name MICHAEL T PEZZA		Vice-President Name		
Street Address 10 LEONARD DRIVE		Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State RI
Secretary Name MICHAEL T PEZZA		Treasurer Name MICHAEL T PEZZA		
Street Address 10 LEONARD DRIVE		Street Address 10 LEONARD DRIVE		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI
ADDITIONAL DIRECTORS (NAME AND ADDRESSES) (SEE INSTRUCTIONS) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
SHARES AUTHORIZED <input type="checkbox"/>				
SHARES ISSUED (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>				
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

2013 DEC 24 AM 11:37
 SECRETARY OF STATE
 CORPORATION SERVICES 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

DEC 24 2013
 CR 213407
 11:37

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.

Michael T Pezza
 Signature of Authorized Representative
 Date: 12-23-13
MICHAEL T PEZZA, PRESIDENT
 Print or Type Name of Authorized Representative