RI SOS Filing Number: 202329253640 Date: 2/23/2023 4:00:00 PM

(PA)

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
FEB 2 3 2023
BY 31041
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1 Entity ID Number	2. Exact nam	ne of the Corporation)		-			
000409	Adamsdale Concrete & Products Co., Inc.							
3. Principal Office Address PO Box 516			City Pawtuck	ucket F		Z _{IP} 02862		
4 NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
339999	Preparat	Preparation and sale of concrete						
5. State of Incorporation Rhode Island				·				
7. List ALL officers (names and	addresses)			Chec	ck the box to i	ndicate an attachment 🔲		
President Name R. John Courtois, Jr.			Vice-President Name David Courtois					
Street Address 110 Strathmore Street			Street Address 817 Paine Road					
^{City} Narragansett	State RI	^{Zip} 02882	City North	Attleboro	State M	A Zip 02760		
Secretary Name R. John Cour	tois, Jr.							
Street Address 110 Strathmore Street			Street Address 817 Paine Road					
^{City} Narragansett	State RI	^{Zip} 02882	City North Attleboro		State M	A Zip 02760		
8. List ALL directors (names and	d addresses)		1	Chec	ck the box to	indicate an attachment		
Director Name R. John Courtois, Jr.			Director Name David Courtois					
Street Address 110 Strathmore Street			Street Address 817 Paine Road					
City Narragansett	State RI	^{Zip} 02882	City North Attleboro		State M	A Zip 02760		
Director Name			Director Name					
Street Address			Street Addres	SS .				
City	State	Zip	City		State	7 _l p		
Shares Authorized		10. Shares Iss	10. Shares Issued Ch			heck the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF			C. ASS/SERIFS PAR VALUE			
		400		common		no par value		
Changes require an additional fili	ing.							
11. This report must be execute					poration is in	the hands of a receiver or		
trustee, this report must be exer Under penalty of perjury, I de	clare and affirm	that I have examine	ed this report,		ompanying s	chedules and		
statements, and that all states Name of Authorized Representa		herein are true an	d correct.		Date ,			
R. John Courtois, Jr.	-				<u> </u>	20/27		
Signature of Authorized Repres	entative				· • · ·			
It John Con	ulois_			<u> </u>				

MAIL TO: //
Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov