RI SOS Filing Number: 202446770440 Date: 2/16/2024 4:00:00 PM

State of Rhode Island								
Department of State - Business Services Division  Annual Report for the year: 2024						FILED AMP		
Corporation ————————————————————————————————————					FEB	FEB 16 2024		
Filing period: February 1 - May 1						BY P 132096		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is not f	îled by May 31.				70	)	
Entity ID Number	2. Exact name o	2. Exact name of the Corporation						
000409	Adamsdal	Adamsdale Concrete & Products Co., Inc.						
3. Principal Office Address							Zip	
PO Box 516			Pawtu		RI		02862	
4. NAICS Code	l '	6. Brief description of the character of business conducted in Rhode Island						
339999	Preparation	Preparation and sale of concrete						
5. State of Incorporation Rhode Island								
7. List ALL officers (names and a	ddresses)			Check the	hox to indi	cate an at	tachment T	
President Name R. John Courtois, Jr.				Check the box to indicate an attachment  Vice-President Name David Courtois				
Street Address 110 Strathmore Street				Street Address 817 Paine Road				
<sup>City</sup> Narragansett	State RI	<sup>Z<sub>ip</sub></sup> 02882	City Nort	State	MA	Zip 02760		
Secretary Name R. John Cour	tois, Jr.	ois, Jr. Treasurer Name David Courtois					.102, 00	
Street Address 110 Strathmore Street				Street Address 817 Paine Road				
City Narragansett	State RI	<sup>Zip</sup> 02882	City North	State	MA	Zip 02760		
8. List ALL directors (names and addresses)				Check the box to indicate an attachment  Director Name				
R. John Courtois, Jr.				David Courtois				
Street Address 110 Strathmore Street				Street Address 817 Paine Road				
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	City North Attleboro		State	МА	<sup>Zip</sup> 02760	
Director Name		Director Name						
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized					icate an a	ttachment 🗍		
This information is currently of record in the Department of State.  Changes require an additional filing.		400		COMMON		no par value		
						no par value		
11. This report must be executed	on hehalf of the co	rnoration by an a	uthorized rer	resentative. If the cor	noration is	in the han	ds of a re-	
ceiver or trustee, this report must	t be executed on be	half of the corpor	ation by the	receiver or trustee.			_	
Under penalty of perjury, I decistatements, and that all statem				rt, including any acco	ompanying	g schedui	es and	
Name of Authorized Representative					Date			
R. John Courtois, Jr.					Tel 12, 2024			
Signature of Authorized Represe	ntative							

MAIL TO:

Division of Business Services

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

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