



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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
MAR 13 2024
BY *[Signature]* 135884
STATE OF RHODE ISLAND
DEPARTMENT OF STATE

1. Entity ID Number 000070327		2. Exact name of the Corporation MATERIAL CONCRETE CORP.			
3. Principal Office Address 618 GREENVILLE ROAD			City NORTH SMITHFIELD	State RI	Zip 02896-9
4. NAICS Code 327320		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE REDI MIX CONCRETE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT A. PEZZA			Vice-President Name ROBERT A. PEZZA		
Street Address 19 FACTORY POND CIRCLE			Street Address 19 FACTORY POND CIRCLE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name ROBERT A. PEZZA			Treasurer Name MICHAEL T. PEZZA		
Street Address 19 FACTORY POND CIRCLE			Street Address 84 MADISON AVENUE		
City GREENVILLE	State RI	Zip 02828	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		600	CNP	\$0.00	
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. <i>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.</i>					
Name of Authorized Representative Robert A. Pezza					Date 3-4-24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov