

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name RDM Concrete & Masonry, LLC.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 20-8837967

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>55 Bay Breeze Dr.</u> <u>Toms River, NJ 08753</u> <small>Number, Street, City, State & ZIP Code</small>	<hr/> <small>P.O. Box, Number, Street, City, State & ZIP Code</small>
	<u>Ocean</u> <small>County</small>	Location of principal assets, if different from principal place of business <hr/> <small>Number, Street, City, State & ZIP Code</small>

5. Debtor's website (URL) _____

6. Type of debtor
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor RDM Concrete & Masonry, LLC.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____
	Case number, if known _____

Debtor **RDM Concrete & Masonry, LLC.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor RDM Concrete & Masonry, LLC. Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 19, 2018
MM / DD / YYYY

X /s/ Mark Ciullo
Signature of authorized representative of debtor
Title Managing Member

Mark Ciullo
Printed name

18. Signature of attorney

X /s/ Eugene D. Roth
Signature of attorney for debtor

Date January 19, 2018
MM / DD / YYYY

Eugene D. Roth
Printed name

Law Office of Eugene D. Roth
Firm name

**2520 Highway 35, Suite 307
Manasquan, NJ 08736**
Number, Street, City, State & ZIP Code

Contact phone _____ Email address _____

4239
Bar number and State

Fill in this information to identify the case:

Debtor name RDM Concrete & Masonry, LLC.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 19, 2018

X /s/ Mark Ciullo
Signature of individual signing on behalf of debtor

Mark Ciullo
Printed name

Managing Member
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **RDM Concrete & Masonry, LLC.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
District Council Ironworkers 12 Edison Place Springfield, NJ 07081		Fringe Benefits				\$6,556.94
Gibbons Law One Gateway Center Newark, NJ 07102		Attorney Fees				\$42,802.80
Internal Revenue Service PO Box 7346 Philadelphia, PA 19114-0326		Tax Lien		\$280,468.52	\$0.00	\$280,468.52
Internal Revenue Service PO Box 7346 Philadelphia, PA 19114-0326		940 Taxes				\$207,915.75
Liberty Mutual Insurance Company 303 West Main Street, Suite 100 Freehold, NJ 07728		Insurance Audit				\$26,738.67
NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$33,226.53
NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$6,858.87

Debtor **RDM Concrete & Masonry, LLC.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$3,562.18
NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$132,156.30
NJ Building Laborers Statewide Benefit C/O Virginia & Ambinder, LLP 40 Broad Street 7th Floor New York, NY 10004		Fringe Benefits	Disputed			\$69,884.70
NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$58,046.59
NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$56,051.83
NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$33,932.66
NJ Casualty Insurance Company 840 12th Street Hammonton, NJ 08037		Insurance Premiums	Contingent Disputed			\$188,641.00
NJ Casualty Insurance Company 840 12th St Hammonton, NJ 08037		Insurance Premiums				\$28,098.39

Debtor **RDM Concrete & Masonry, LLC.**
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
NJ Casualty Insurance Company 840 12th Street Hammonton, NJ 08037		OCN-L-002087-10		\$28,098.39	\$0.00	\$28,098.39
Northeast Carpenters Funds C/O Kroll Heineman Carton, LLP 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$9,116.55
Northeast Regional Council of Carpenters C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830		Fringe Benefits	Disputed			\$28,713.08
Santander Bank N.A. PO Box 12707 Reading, PA 19612		UCC-1 Financing Statement		\$668,862.72	\$0.00	\$668,862.72
State of NJ Division of Taxation PO Box 046 Trenton, NJ 08646		Certificate of Debt				\$16,809.37

Fill in this information to identify the case:

Debtor name RDM Concrete & Masonry, LLC.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p>2.1</p> <p>Internal Revenue Service</p> <p>Creditor's Name PO Box 7346 Philadelphia, PA 19114-0326</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien Tax Lien</p> <p>Describe the lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$280,468.52</p>	<p>\$0.00</p>

<p>2.2</p> <p>NJ Casualty Insurance Company</p> <p>Creditor's Name 840 12th Street Hammonton, NJ 08037</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 8580</p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien OCN-L-002087-10</p> <p>Describe the lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	<p>\$28,098.39</p>	<p>\$0.00</p>
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Debtor **RDM Concrete & Masonry, LLC.** Case number (if know) _____
 Name

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
 Unliquidated
 Disputed

2.3 Santander Bank N.A. Describe debtor's property that is subject to a lien \$668,862.72 \$0.00
 Creditor's Name **UCC-1 Financing Statement**

PO Box 12707
Reading, PA 19612

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
3330

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien
UCC-1 Financing Statement

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.4 Wells Fargo Bank N.A. Describe debtor's property that is subject to a lien Unknown Unknown
 Creditor's Name **3D Profiler**

PO Box 7777
San Francisco, CA 94120

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
0001

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.5 Wells Fargo Bank N.A. Describe debtor's property that is subject to a lien Unknown Unknown
 Creditor's Name **Laser Screed**

PO Box 7777
San Francisco, CA 94120

Creditor's mailing address

Creditor's email address, if known

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Debtor RDM Concrete & Masonry, LLC. Case number (if know) _____
Name

Date debt was incurred
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number
1002

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
 Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$977,429.63

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name RDM Concrete & Masonry, LLC.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	Priority creditor's name and mailing address State of NJ Division of Taxation PO Box 046 Trenton, NJ 08646 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Certificate of Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,809.37	\$16,809.37

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address District Council Ironworkers 12 Edison Place Springfield, NJ 07081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Fringe Benefits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,556.94
3.2	Nonpriority creditor's name and mailing address Gibbons Law One Gateway Center Newark, NJ 07102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Attorney Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,802.80

Debtor RDM Concrete & Masonry, LLC. Case number (if known) _____
Name

3.3 Nonpriority creditor's name and mailing address **Internal Revenue Service** **PO Box 7346** **Philadelphia, PA 19114-0326** **As of the petition filing date, the claim is:** *Check all that apply.* **\$207,915.75**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** 940 Taxes
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.4 Nonpriority creditor's name and mailing address **Liberty Mutual Insurance Company** **303 West Main Street, Suite 100** **Freehold, NJ 07728** **As of the petition filing date, the claim is:** *Check all that apply.* **\$26,738.67**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Insurance Audit
 Last 4 digits of account number 2830 Is the claim subject to offset? No Yes

3.5 Nonpriority creditor's name and mailing address **Louis P Verrone** **90 Hillside Ave** **Verona, NJ 07044** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,000.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred 1/12/2016 **Basis for the claim:** Professional Fees
 Last 4 digits of account number 1875 Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address **NJ Building Laborers Statewide Benefit** **C/O Virginia & Ambinder, LLP** **40 Broad Street 7th Floor** **New York, NY 10004** **As of the petition filing date, the claim is:** *Check all that apply.* **\$69,884.70**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred 05/12/2011 **Basis for the claim:** Fringe Benefits
 Last 4 digits of account number 4432 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **NJ Building Laborers Statewide Benefit** **C/O Virginia & Ambinder, LLP** **40 Broad Street 7th Floor** **New York, NY 10004** **As of the petition filing date, the claim is:** *Check all that apply.* **\$791.64**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred 08/05/2016 **Basis for the claim:** Fringe Benefits
 Last 4 digits of account number 4807 Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address **NJ Building Laborers Statewide Benefit** **C/O Kroll Heineman Carton LLC** **99 Wood Ave South** **Iselin, NJ 08830** **As of the petition filing date, the claim is:** *Check all that apply.* **\$132,156.30**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred 11/02/2015 **Basis for the claim:** Fringe Benefits
 Last 4 digits of account number 2803 Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address **NJ Building Laborers Statewide Benefit** **C/O Kroll Heineman Carton LLC** **99 Wood Ave South** **Iselin, NJ 08830** **As of the petition filing date, the claim is:** *Check all that apply.* **\$56,051.83**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred 07/09/2015 **Basis for the claim:** Fringe Benefits
 Last 4 digits of account number 3688 Is the claim subject to offset? No Yes

Debtor RDM Concrete & Masonry, LLC. Case number (if known) _____
 Name

3.10	Nonpriority creditor's name and mailing address NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830 Date(s) debt was incurred <u>1/13/2016</u> Last 4 digits of account number <u>4048</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fringe Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,226.53
3.11	Nonpriority creditor's name and mailing address NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830 Date(s) debt was incurred <u>09/07/2016</u> Last 4 digits of account number <u>4807</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fringe Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,077.60
3.12	Nonpriority creditor's name and mailing address NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830 Date(s) debt was incurred <u>1/21/2016</u> Last 4 digits of account number <u>8557</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fringe Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,858.87
3.13	Nonpriority creditor's name and mailing address NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830 Date(s) debt was incurred <u>04/14/2016</u> Last 4 digits of account number <u>8851</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fringe Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,046.59
3.14	Nonpriority creditor's name and mailing address NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830 Date(s) debt was incurred <u>6/29/2017</u> Last 4 digits of account number <u>2836</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fringe Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,562.18
3.15	Nonpriority creditor's name and mailing address NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830 Date(s) debt was incurred <u>10/27/2017</u> Last 4 digits of account number <u>7601</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fringe Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.16	Nonpriority creditor's name and mailing address NJ Building Laborers Statewide Benefit C/O Kroll Heineman Carton LLC 99 Wood Ave South Iselin, NJ 08830 Date(s) debt was incurred <u>7/19/2017</u> Last 4 digits of account number <u>0341</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fringe Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,932.66

Debtor RDM Concrete & Masonry, LLC. Case number (if known) _____
 Name _____

3.17 Nonpriority creditor's name and mailing address **NJ Casualty Insurance Company**
840 12th St
Hammonton, NJ 08037
 Date(s) debt was incurred 1/10/2012
 Last 4 digits of account number 8548

As of the petition filing date, the claim is: *Check all that apply.* **\$28,098.39**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Insurance Premiums
 Is the claim subject to offset? No Yes

3.18 Nonpriority creditor's name and mailing address **NJ Casualty Insurance Company**
840 12th Street
Hammonton, NJ 08037
 Date(s) debt was incurred 5/12/2011
 Last 4 digits of account number 8580

As of the petition filing date, the claim is: *Check all that apply.* **\$188,641.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Insurance Premiums
 Is the claim subject to offset? No Yes

3.19 Nonpriority creditor's name and mailing address **Northeast Carpenters Funds**
C/O Kroll Heineman Carton, LLP
99 Wood Ave South
Iselin, NJ 08830
 Date(s) debt was incurred 3/21/2017
 Last 4 digits of account number 1116

As of the petition filing date, the claim is: *Check all that apply.* **\$9,116.55**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Fringe Benefits
 Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **Northeast Regional Council of Carpenters**
C/O Kroll Heineman Carton LLC
99 Wood Ave South
Iselin, NJ 08830
 Date(s) debt was incurred 3/21/2017
 Last 4 digits of account number 1116

As of the petition filing date, the claim is: *Check all that apply.* **\$28,713.08**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Fringe Benefits
 Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **Victor Fonseca**
C/O Kroll Heineman Carton LLC
Iselin, NJ 08830
 Date(s) debt was incurred 2/18/2016
 Last 4 digits of account number 2945

As of the petition filing date, the claim is: *Check all that apply.* **\$2,532.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim:
 Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ 16,809.37
5b. Total claims from Part 2	\$ 939,954.08
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ 956,763.45

Fill in this information to identify the case:

Debtor name RDM Concrete & Masonry, LLC.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Deborah Ciullo	55 Bay Breeze Toms River, NJ 08753	Santander Bank N.A.	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Deborah Ciullo	55 Bay Breeze Toms River, NJ 08753	Wells Fargo Bank N.A.	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Deborah Ciullo	55 Bay Breeze Toms River, NJ 08753	Wells Fargo Bank N.A.	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Deborah Ciullo	55 Bay Breeze Toms River, NJ 08753	Internal Revenue Service	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Mark Ciullo	55 Bay Breeze Toms River, NJ 08753	Santander Bank N.A.	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor RDM Concrete & Masonry, LLC. Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Mark Ciullo	55 Bay Breeze Toms River, NJ 08753	Internal Revenue Service	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Mark Ciullo	55 Bay Breeze Toms River, NJ 08753	Wells Fargo Bank N.A.	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Mark Ciullo	55 Bay Breeze Toms River, NJ 08753	Wells Fargo Bank N.A.	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**United States Bankruptcy Court
District of New Jersey**

In re RDM Concrete & Masonry, LLC. Debtor(s) Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 19, 2018

/s/ Mark Ciullo
Mark Ciullo/Managing Member
Signer/Title

Deborah Ciullo
55 Bay Breeze
Toms River, NJ 08753

Deborah Ciullo
55 Bay Breeze
Toms River, NJ 08753

Deborah Ciullo
55 Bay Breeze
Toms River, NJ 08753

Deborah Ciullo
55 Bay Breeze
Toms River, NJ 08753

District Council Ironworkers
12 Edison Place
Springfield, NJ 07081

Gibbons Law
One Gateway Center
Newark, NJ 07102

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19114-0326

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19114-0326

Liberty Mutual Insurance Company
303 West Main Street, Suite 100
Freehold, NJ 07728

Louis P Verrone
90 Hillside Ave
Verona, NJ 07044

Mark Ciullo
55 Bay Breeze
Toms River, NJ 08753

Mark Ciullo
55 Bay Breeze
Toms River, NJ 08753

Mark Ciullo
55 Bay Breeze
Toms River, NJ 08753

Mark Ciullo
55 Bay Breeze
Toms River, NJ 08753

NJ Building Laborers Statewide Benefit
C/O Virginia & Ambinder, LLP
40 Broad Street 7th Floor
New York, NY 10004

NJ Building Laborers Statewide Benefit
C/O Virginia & Ambinder, LLP
40 Broad Street 7th Floor
New York, NY 10004

NJ Building Laborers Statewide Benefit
C/O Kroll Heineman Carton LLC
99 Wood Ave South
Iselin, NJ 08830

NJ Building Laborers Statewide Benefit
C/O Kroll Heineman Carton LLC
99 Wood Ave South
Iselin, NJ 08830

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C/O Kroll Heineman Carton LLC
99 Wood Ave South
Iselin, NJ 08830

NJ Casualty Insurance Company
840 12th Street
Hammonton, NJ 08037

NJ Casualty Insurance Company
840 12th St
Hammonton, NJ 08037

NJ Casualty Insurance Company
840 12th Street
Hammonton, NJ 08037

Northeast Carpenters Funds
C/O Kroll Heineman Carton, LLP
99 Wood Ave South
Iselin, NJ 08830

Northeast Regional Council of Carpenters
C/O Kroll Heineman Carton LLC
99 Wood Ave South
Iselin, NJ 08830

Santander Bank N.A.
PO Box 12707
Reading, PA 19612

State of NJ
Division of Taxation
PO Box 046
Trenton, NJ 08646

Victor Fonseca
C/O Kroll Heineman Carton LLC
Iselin, NJ 08830

Wells Fargo Bank N.A.
PO Box 7777
San Francisco, CA 94120

Wells Fargo Bank N.A.
PO Box 7777
San Francisco, CA 94120

Wells Fargo Equipment Services
PO. Box 7777
San Francisco, CA 94120