

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NORTHEAST PRECAST, LLC 401(K) RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/15/2016
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHEAST PRECAST, LLC 4081 S. LINCOLN AVE VINELAND, NJ 08361
2b	Employer Identification Number (EIN) 85-0484948
2c	Plan Sponsor's telephone number 856-765-9088
2d	Business code (see instructions) 327300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/28/2026	MATTHEW PREZIOSI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 403
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 354 6a(2) 347 6b 0 6c 54 6d 401 6e 0 6f 401 6g(1) 206 6g(2) 228 6h 12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 3D 2G 2J 2K 2F 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NORTHEAST PRECAST, LLC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST PRECAST, LLC	D Employer Identification Number (EIN) 85-0484948	

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC
23-1945930
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LINCOLN INVEST. PLANNING

23-1702591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	33640	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 99 15 60 52 68 50	NONE	4339	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan NORTHEAST PRECAST, LLC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST PRECAST, LLC	D Employer Identification Number (EIN) 85-0484948

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2829	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16904	7857
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6032697	8164445
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6052430	8172302

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	6052430	8172302
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	339853	
(B) Participants	2a(1)(B)	946383	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1286236
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	356	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		356
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	151395	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		151395
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1011012
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2448999

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	291148	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		291148
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	4339	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	33640	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		37979
j Total expenses. Add all expense amounts in column (b) and enter total	2j		329127

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2119872
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MARTINI & MARTINI CPA, P.A.**

(2) EIN: **22-2417800**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NORTHEAST PRECAST, LLC 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST PRECAST, LLC		D Employer Identification Number (EIN) 85-0484948
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 45-0404698		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703678A.

NORTHEAST PRECAST, LLC
401(k) RETIREMENT PLAN

Audit Report

For the Years Ended
December 31, 2025 & 2024

NORTHEAST PRECAST, LLC
401(k) RETIREMENT PLAN

Audit Report

For the Years Ended
December 31, 2025 & 2024

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William J. Martini, Sr., CPA (*Deceased*)
William J. Martini, Jr., CPA, RMA, MS*
John R. Martini, CPA, CFP
Tyler J. Martini, CPA, MSPA

*Certified in NJ & PA with a Masters
Degree in Taxation

INDEPENDENT AUDITOR'S REPORT

To Plan Management & Participants of Northeast Precast, LLC 401(k) Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of **Northeast Precast, LLC 401(k) Retirement Plan** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of **December 31, 2025 and 2024**, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, stating that the certified investment information, as described in *Note 6* to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Northeast Precast, LLC 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Northeast Precast, LLC 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Northeast Precast, LLC 401(k) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Northeast Precast, LLC 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedule of *Schedule H, Line 4i: Schedule of Assets (Held at End of Year)* for the Plan year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).


Martini & Martini, CPA, PA

August 25, 2026
Vineland, NJ

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN*Statement of Net Assets Available for Benefits*

December 31,

	<u>Reference</u>	<u>2025</u>	<u>2024</u>
Assets			
Investments at Fair Value			
Mutual Funds	Note 9	\$ 8,164,445	\$ 6,032,697
Money Market Funds	Note 9	<u>7,857</u>	<u>16,904</u>
Total Investments at Fair Value	Schedule 1	8,172,302	6,049,602
Receivables			
Participant Contributions Receivable		18,020	18,331
Employer Contributions Receivable		<u>6,280</u>	<u>17,139</u>
Total Receivables		24,299	35,469
Total Assets		8,196,601	6,085,071
Liabilities			
Excess Contributions Payable to Participants	Note 12	<u>12,513</u>	<u>-</u>
Total Liabilities		12,513	-
Net Assets Available for Benefits	Exhibit B	<u>\$ 8,184,089</u>	<u>\$ 6,085,071</u>

*See Independent Auditor's Report & Accompanying Notes***MARTINI & MARTINI, CPA, PA**

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN*Statement of Changes in Net Assets Available for Benefits*

For the Years Ended December 31,

	<u>Reference</u>	<u>2025</u>	<u>2024</u>
Additions in Net Assets Attributed to:			
Investment Income			
Net Appreciation in Fair Value of Investments	Note 6	\$ 1,001,582	\$ 606,039
Interest & Dividends	Note 6	<u>155,036</u>	<u>119,836</u>
Total Investment Income		1,156,618	725,875
Contributions			
Participant Contributions		936,845	825,571
Employer Contributions		336,558	304,976
Rollover Contributions		<u>-</u>	<u>714,971</u>
Total Contributions		1,273,403	1,845,518
Total Additions		2,430,020	2,571,393
Deductions in Net Assets Attributed to:			
Benefits Paid to Participants		293,023	203,234
Administrative Expenses		<u>37,979</u>	<u>33,017</u>
Total Deductions		331,002	236,251
Net Increase in Net Assets		2,099,018	2,335,142
Net Assets Available for Plan Benefits: Beginning		<u>6,085,071</u>	<u>3,749,929</u>
Net Assets Available for Plan Benefits @ December 31,		<u>\$ 8,184,089</u>	<u>\$ 6,085,071</u>

*See Independent Auditor's Report & Accompanying Notes***MARTINI & MARTINI, CPA, PA**

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

NOTE 1: DESCRIPTION OF PLAN

The following description of Northeast Precast, LLC 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan provisions.

General

The Plan is a defined contribution plan covering all employees of the Northeast Precast, LLC who have completed at least one year of service with the employer (1,000 service hours) and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, active and eligible participants may elect to contribute a portion of eligible compensation to be withheld from each payroll as a pre-tax deferral or as a Roth deferral. Participants may contribute up to the maximum amount allowed by law, which is \$23,500 and \$23,000 (i.e., Code 402(g) and 415) for Plan years 2025 and 2024, respectively, as defined by the Internal Revenue Service (IRS). The amount of eligible compensation that a participant decides to defer into the Plan as a pre-tax deferral will be contributed on a pre-tax basis, meaning that the Plan contributions will not be taxed until they are withdrawn from the Plan. Roth deferrals are contributed to the Plan from amounts that have already been treated as taxable income. Participants who have attained age 50 prior to the end of the Plan year are eligible to make catch-up contributions. The catch-up contribution limit for Plan years 2025 and 2024 is \$7,500 (\$11,500 for super catch-up) and \$7,500, respectively, as defined by the IRS. These catch-up contributions are eligible for matching contributions from the employer. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers).

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers approximately thirty funds as investment options for participants and does not include an automatic enrollment or deferral provision. Once an eligible participant elects to enroll in the Plan, they are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in Northeast Precast, LLC's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. The employer may make discretionary matching contributions, based on the percentage of compensation deferred into the Plan by each participant. The employer may also make qualified nonelective contributions in order to satisfy special nondiscrimination rules that apply to the Plan.

Profit-sharing contributions may also be made in an amount to be determined by the employer's governing body. The profit-sharing contribution made by the employer is to be allocated using a pro rata formula. Under this formula, the employer's contribution is divided among all eligible Plan participants based on their compensation as compared to all eligible participants' compensation. The allowable amounts contributed by the participant and on behalf of the participant by the employer for the 2025 and 2024 Plan years, is the lesser of \$70,000 (Plan year 2025) and \$69,000 (Plan year 2024) or 100% of the participant's annual eligible compensation. If excess contributions are made to the Plan, the participant must take out the excess amount, plus any earnings thereon by March 15 of the subsequent Plan year. The excess amount is taxable to the participant in the year it was contributed to the Plan and may be subject to additional taxes if not removed in a timely manner. Life insurance investments are not available under the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan's contribution and, (b) Plan earnings (*until participants who have elected to withdraw have been paid*), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

The Plan is designed to help employees save for retirement, and does not permit any participant loans.

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Forfeited Accounts

At December 31, 2025 and 2024, unallocated forfeited non-vested accounts totaled \$0 and \$1,195, respectively. As defined by the Plan, allocation of forfeitures for matching, excess aggregate, and profit-sharing contributions will be used to reduce future employer contributions and/or be used to pay plan expenses, if available.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Northeast Precast, LLC's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service. 1,000 service hours during each Plan year earns a year of vesting service. Please see below for the vesting schedule used to apply profit-sharing and matching contributions.

Years of Service	Percentage Vested
Zero	0%
One	0%
Two	20%
Three	40%
Four	60%
Five	80%
Six	100%

Payments of Benefits

On termination of employment due to death, disability or retirement, as defined by the Plan, a participant automatically becomes 100% vested in all accounts and the participant, or in the case of death, the beneficiary may elect to receive either a lump-sum distribution in the amount equal to the value of the participant's vested interest in his or her account, or partial payments over a predetermined period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a distribution, which may be subject to other penalties, restrictions, and forfeitures.

A participant may be entitled to receive an in-service distribution from the Plan prior to termination of employment provided the participant has attained the age of 59 1/2. In the event of a hardship, participants may withdraw money for financial support if certain conditions are satisfied. Qualifying expenses to satisfy conditions for a hardship distribution include:

- 1) Expenses for medical care previously incurred by the participant and/or their spouse and dependents;
- 2) Costs directly related to purchase of principal residence, not including mortgage payments;
- 3) Amounts necessary to prevent eviction and/or foreclosure of principal residence;
- 4) Burial or funeral costs for the deceased participant's parent, spouse, children or other dependents; and
- 5) Tuition, related education fees, and room and board for the next twelve months of post-secondary education for the participant and/or their spouse and dependents.

At December 31, 2025 and 2024, there were fifty-four (54) terminated and/or retired participants with vested account balances totaling \$991,517 that have not been paid and fifty-one (51) terminated and/or retired participants with vested account balances totaling \$376,905 that have not been paid respectively.

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation & Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or pay to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefits are recorded when paid to participants.

Administrative Expenses

The Plan assesses certain fees against individual accounts, rather than against the Plan as a whole when individual participants initiate certain transactions or utilize certain plan services. These expenses may be allocated among all participants, or charged directly to the related participant, which then the expense is paid out of their account balance. Fees that are directly related to the participants include, but are not limited to, exercising withdrawal/distribution rights and fees related to direction of investments such as sales charges, loads commissions, and management fees.

The employer is responsible for fees related to various services provided by The Vanguard Group, Inc., the administrative services provider to the Plan. The main administrative fees payable by the employer include, but are not limited to installation and plan set-up fees, recordkeeping and trustee services, custodian services, internet access to Plan information, retirement planning tools, and education materials. Expenses paid for by Northeast Precast, LLC are excluded from the financial statements. At December 31, 2025 and 2024, administrative expenses totaled \$37,979 and \$33,017 respectively.

NOTE 3: PLAN TERMINATION

Although it has not expressed any intent to do so, Northeast Precast, LLC has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Upon termination of the Plan, the employer will promptly notify The Vanguard Group, Inc. of the effective date of such termination.

NOTE 4: RISKS & UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the *Statement of Net Assets Available for Benefits* and *Statement of Changes in Net Assets Available for Benefits* in future periods.

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

NOTE 5: TAX STATUS

The Plan has received a determination letter from the IRS dated June 30, 2020, stating that the Plan is qualified, under the Internal Revenue Code (IRC), and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6: CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements, including investments held at year end, net appreciation/(depreciation) in fair value of investments, and interest and dividends for the years ended December 31, 2025 and 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Ascensus Trust Company (the Trustee of the Plan). At December 31, 2025 and 2024, the following investments had concentrations greater than 5% of total investments in either Plan year presented.

Fund Name	2025	%	2024	%
Vanguard 500 Index	\$ 1,164,676	14%	\$ 953,552	16%
Vanguard Growth Index	\$ 737,909	9%	\$ 359,958	6%
Vanguard Target Retirement 2035	\$ 713,951	9%	\$ 591,779	10%
Vanguard Target Retirement 2045	\$ 682,805	8%	\$ 543,534	9%
Vanguard Target Retirement 2050	\$ 514,627	6%	\$ 364,534	6%
Vanguard Target Retirement 2040	\$ 452,649	6%	\$ 301,151	5%

The following financial information included within the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by Ascensus Trust Company, the trustee to the Plan.

Financial Statement Line Item	2025	2024
Mutual Funds at Fair Value	\$ 8,164,445	\$ 6,032,697
Money Market Funds at Fair Value	\$ 7,857	\$ 16,904
Net Appreciation/(Depreciation) in Fair Value of Investments	\$ 1,001,582	\$ 606,039
Interest & Dividends	\$ 155,036	\$ 119,836

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Reconciliation of Net Assets Available for Benefits

	2025	2024
Net Assets Available for Benefits per Financial Statements	\$ 8,184,089	\$ 6,085,071
Employer Contributions Receivable	(18,020)	(14,311)
Participant Contributions Receivable	(6,280)	(18,331)
Excess Contributions Payable to Participants	12,513	-
Net Assets Available for Benefits per Form 5500	\$ 8,172,302	\$ 6,052,430

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

Reconciliation of Changes in Net Assets

	2025	2024
Change in Net Assets per Financial Statements	\$ 2,099,018	\$ 2,335,142
Employer Contributions	(3,709)	(14,311)
Participant Contributions	12,051	(18,331)
Excess Contributions Payable to Participants	12,513	-
Change in Net Assets per Form 5500	\$ 2,119,872	\$ 2,302,501

Reconciliation of Benefits Paid to Participants

	2025	2024
Benefits Paid to Participants per Financial Statements	\$ 293,023	\$ 203,234
Distribution Processing Fees Withheld	(1,875)	(1,470)
Benefits Paid to Participants per Form 5500	\$ 291,148	\$ 201,764

Reconciliation of Information of Service Providers Receiving Direct Fees

	2025	2024
The Vanguard Group, Inc. (Administrative Services Provider)	\$ 4,339	\$ 8,110
Lincoln Investment Planning, LLC (Financial Professionals)	33,640	24,907
Total Administrative Expenses per Form 5500	\$ 37,979	\$ 33,017

NOTE 8: RELATED PARTIES & PARTIES IN INTEREST TRANSACTIONS

The various related party and party in interest transactions described below qualify as exempt party in interest transactions for the Plan years ended December 31, 2025 and 2024.

Related Party or Party in Interest	Nature of Relations & Services Provided / Related Fees
The Vanguard Group, Inc.	Administrative services provider to the Plan paid in the form of direct and indirect compensation and provided the following services to the Plan: recordkeeping, consulting services, information management and investment management fees
Ascensus Trust Company	Trustee to the Plan
Ascensus, Inc.	Sub-contractor of the Vanguard Group, Inc. and provides recordkeeping and administrative services to the Plan on behalf of The Vanguard Group, Inc.
Daniel Peretti, Jr., AIF	Financial professional to the Plan (Allen Associates) and registered advisors with Lincoln Investment Planning, Inc. paid in the form of direct compensation and provides investment advisory services to the Plan
John Ruga	Limited Trustee to the Plan and CEO/President of Northeast Precast, LLC
Lorie Ruga	Plan Sponsor and VP of Northeast Precast, LLC and spouse to John Ruga
Northeast Precast, LLC	This includes all affiliates and subsidiaries of Northeast Precast, LLC and pays audit fees
Martini & Martini, CPA, PA	External Auditors for Northeast Precast, LLC & Affiliates
Vanguard Marketing Corporation	Subsidiary of the Vanguard Group, Inc. and distributor of Vanguard mutual funds
Morningstar Associates, LLC	Provides investment advisory and educational services to the Plan

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

NOTE 9: FAIR VALUE MEASUREMENTS

Northeast Precast, LLC 401(k) Retirement Plan measures fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into the following three broad levels:

Level 1 Inputs : Prices in markets for identical assets and liabilities that can be accessed at the measurement date.

Level 2 Inputs : Observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3 Inputs : Significant unobservable inputs for the assets or liabilities that are not corroborated by market data.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual & Money Market Funds : Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investments at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 8,164,445	\$ -	\$ -	\$ 8,164,445
Money Market Funds	7,857	-	-	7,857
Investments at Fair Value	\$ 8,172,302	\$ -	\$ -	\$ 8,172,302

Investments at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 6,032,697	\$ -	\$ -	\$ 6,032,697
Money Market Funds	16,904	-	-	16,904
Investments at Fair Value	\$ 6,049,602	\$ -	\$ -	\$ 6,049,602

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2025 and 2024, there were no transfers between levels.

NOTE 10: DELINQUENT EMPLOYEE DEFERRAL TRANSMITTALS

During 2024, the Plan erroneously failed to remit certain employee deferrals totaling \$3,710 in a timely manner as defined by the Department of Labor under the plan asset rules. The employer computed the net effect of lost earnings and interest thereon on these delinquent contributions and subsequently deposited \$27 into the Plan in August 2025 in order to make the Plan whole. These amounts are reported as within participant contributions receivable.

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

NOTE 11: OPERATIONAL DEFECT

During the year ended December 31, 2024, it was discovered that certain of the Plan's provisions were not properly applied in the daily operation of the Plan. The definition of *compensation for participant and employer contributions* as per the Plan document was not properly applied when calculating contribution amounts. The Plan administrator determined the affected participants and deposited \$15,244 into the Plan in February 2025 to make the affected participants and the Plan whole, including interest which is included in the financial statements as contributions receivable at December 31, 2024.

NOTE 12: EXCESS CONTRIBUTIONS PAYABLE TO PARTICIPANTS

Amounts payable to participants for the years ended December 31, 2025 and 2024 totaled \$12,513 and \$0 respectively. The amounts to be paid is related to contributions in excess of amounts allowed by the IRS and are recorded as a liability, with a corresponding reduction to the current year contributions. The Plan distributed 100% of 2025 excess contributions to the applicable participants prior to March 15 of the subsequent year.

NOTE 13: DATE OF MANAGEMENT'S REVIEW OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 25, 2026, the date which the financial statements were available to be issued.

NORTHEAST PRECAST, LLC 401(k) RETIREMENT PLAN**EIN: 85-0484948****Plan Number: 001***Schedule H, Line 4i: Schedule of Assets (Held at End of Year)*

December 31, 2025

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)	Cost ** (d)	Current Value (e)
	Vanguard 500 Index	Registered Investment Company	-	\$ 1,164,676
	Vanguard Balanced Index	Registered Investment Company	-	212,072
	Vanguard Emerging Markets Stock Index	Registered Investment Company	-	13,231
	Vanguard Federal Money Market	Registered Investment Company	-	7,857
	Vanguard Growth Index	Registered Investment Company	-	737,909
	Vanguard Mid Cap Index	Registered Investment Company	-	39,705
	Vanguard Mid Cap Growth Index	Registered Investment Company	-	24,803
	Vanguard Mid Cap Value Index	Registered Investment Company	-	78,708
	Vanguard Real Estate Index	Registered Investment Company	-	23,161
	Vanguard Short Term Bond Index	Registered Investment Company	-	8,289
	Vanguard Small Cap Growth Index	Registered Investment Company	-	21,857
	Vanguard Small Cap Index	Registered Investment Company	-	80,382
	Vanguard Small Cap Value Index	Registered Investment Company	-	20,657
	Vanguard Target Retirement 2020	Registered Investment Company	-	117,894
	Vanguard Target Retirement 2025	Registered Investment Company	-	1,050,101
	Vanguard Target Retirement 2030	Registered Investment Company	-	349,128
	Vanguard Target Retirement 2035	Registered Investment Company	-	713,951
	Vanguard Target Retirement 2040	Registered Investment Company	-	452,649
	Vanguard Target Retirement 2045	Registered Investment Company	-	682,805
	Vanguard Target Retirement 2050	Registered Investment Company	-	514,627
	Vanguard Target Retirement 2055	Registered Investment Company	-	404,266
	Vanguard Target Retirement 2060	Registered Investment Company	-	402,486
	Vanguard Target Retirement 2065	Registered Investment Company	-	234,412
	Vanguard Target Retirement 2070	Registered Investment Company	-	8,692
	Vanguard Target Retirement Income	Registered Investment Company	-	46,988
	Vanguard Total Bond Market Index	Registered Investment Company	-	21,941
	Vanguard Total Int'l Bond Index	Registered Investment Company	-	7,788
	Vanguard Total Int'l Stock Index	Registered Investment Company	-	13,894
	Vanguard Total Stock Market Index	Registered Investment Company	-	482,193
	Vanguard Value Index	Registered Investment Company	-	235,182
	Total Investments			\$ 8,172,302

* Represents a party-in-interest to the Plan, as defined by ERISA.

**(d) "Cost" has been omitted from this schedule as participant accounts are directed by the participants.

Attachment to 2025 Form 5500**Assets Held at Year End**

Plan Name NORTHEAST PRECAST, LLC 401(K) RETIREMENT PLAN
Plan Sponsor Name NORTHEAST PRECAST, LLC
EIN 85-0484948
PN 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Vanguard	Vanguard Balanced Index Adm	0	212,072
	Vanguard	Vanguard Federal Money Market Inv	0	7,857
	Vanguard	Vanguard Short-Term Bond Index Adm	0	8,289
	Vanguard	Vanguard Total Bond Market Index Adm	0	21,941
	Vanguard	Vanguard Total Intl Bond Index Adm	0	7,788
	Vanguard	Vanguard Total Stock Market Index Adm	0	482,193
	Vanguard	Vanguard 500 Index Adm	0	1,164,676
	Vanguard	Vanguard Value Index Adm	0	235,182
	Vanguard	Vanguard Growth Index Adm	0	737,909
	Vanguard	Vanguard Mid Cap Index Adm	0	39,705
	Vanguard	Vanguard Mid-Cap Growth Index Adm	0	24,803
	Vanguard	Vanguard Mid-Cap Value Index Adm	0	78,708
	Vanguard	Vanguard Small-Cap Index Adm	0	80,382
	Vanguard	Vanguard Small-Cap Growth Index Adm	0	21,857
	Vanguard	Vanguard Small-Cap Value Index Adm	0	20,657
	Vanguard	Vanguard Total Intl Stock Index Adm	0	13,894
	Vanguard	Vanguard Emerging Mkts Stock Idx Adm	0	13,231
	Vanguard	Vanguard Real Estate Index Adm	0	23,161
	Vanguard	Vanguard Target Retirement 2070 Fund	0	8,692
	Vanguard	Vanguard Target Retirement 2065 Fund	0	234,412
	Vanguard	Vanguard Target Retirement 2060 Fund	0	402,486
	Vanguard	Vanguard Target Retirement 2055 Fund	0	404,266
	Vanguard	Vanguard Target Retirement 2050 Fund	0	514,627
	Vanguard	Vanguard Target Retirement 2045 Fund	0	682,805
	Vanguard	Vanguard Target Retirement 2040 Fund	0	452,649
	Vanguard	Vanguard Target Retirement 2035 Fund	0	713,951
	Vanguard	Vanguard Target Retirement 2030 Fund	0	349,128
	Vanguard	Vanguard Target Retirement 2025 Fund	0	1,050,101
	Vanguard	Vanguard Target Retirement 2020 Fund	0	117,894
	Vanguard	Vanguard Target Retirement Income Fund	0	46,988