State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
21229	R. Quirk Excavation, Inc		
3. Street Address Principal Business Office	City	State	Zip
3681 Quaker Lane	N. Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation		
401-295-8681	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Excavation, Drain Laying, Paving and Highway Work

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Robert F Quirk	Eric Quirk
Street Address: 3681 Quaker Lane	Street Address: 3681 Quaker Lane
City: N. Kingstown State: RI Zip: 02852	City: N. Kingstown State: RI Zip: 02852
Secretary Name	**Treasurer Name**
Ryan Quirk	Robert F Quirk
Street Address: 3681 Quaker Lane	Street Address: 3681 Quaker Lane
City: N. Kingstown State: RI Zip: 02852	City: N. Kingstown State: RI Zip: 02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Robert F Quirk	None
Street Address: 3681 Quaker Lane	Street Address:
City: N. Kingstown State: RI Zip: 02852	City: State: Zip:
Director Name	**Director Name**
None	None
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	common	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert F Quirk 12/31/08
Signature *Date*

Robert F Quirk
Print or Type Name

Pres
Title

[redacted]

File Date 1-16-09
Check No. 16067
By: MMC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08