RI SOS Filing Number: 200941063890 Date: 01/27/2009 4:00 PM

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			
44917	PERRY EXCAVATING CORP.			
3. Street Address Principal Business Office		City	State	Zip
PO Box 409		Lincoln	RI	02865
4. Business Phone No.	5. State of Incorporation			
401-727-0107	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Excavation Business

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

President Name			Vice President Name		
Oliver H. J. Perry			n/a		
Street Address			Street Address		
PO Box 409					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Secretary Name			Treasurer Name		
n/a			n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	RI			RI	

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

Director Name			Director Name		
Oliver H. J. Perry			n/a		
Street Address			Street Address		
PO Box 409					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Director Name			Director Name		
n/a			n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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CORPORATIONS DIV
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9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
300 $1.00 Par Value			300	I	$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]

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.

Signature *Date* 1/13/09

Oliver H. J. Perry
Print or Type Name

[redacted] President
Title

File Date FILED
Check No.
JAN 27 2009
By: By
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30028-11-336044

Form 630 Rev. 12/06