



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. **292278** 2. Name of Corporation **Anawan Excavation & Construction, Inc.**

3. Street Address Principal Business Office **14 Birkley Street** City **East Providence** State **Rhode Island** Zip **02914**

4. Business Phone No. 5. State of Incorporation **Rhode Island**

6. Brief Description of the Character of Business Conducted in Rhode Island
Excavation, Construction and any other purpose permitted by Law.

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

President Name **Teresa Vieira** Vice President Name

Street Address **14 Birkley Street** Street Address

City **East Providence** State **Rhode Island** Zip **02914** City State Zip

Secretary Name **Teresa Vieira** Treasurer Name **Teresa Vieira**

Street Address **14 Birkley Street** Street Address **14 Birkley Street**

City **East Providence** State **Rhode Island** Zip **02914** City **East Providence** State **Rhode Island** Zip **029**

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

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

9. SHARES AUTHORIZED

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
1000	Common	No par value

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.

FILED

File Date **MAR 26 2009**

Check No. **By** **084870**

By: **084870**

FOR SECRETARY OF STATE USE ONLY

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 **Teresa Vieira** Date

Teresa Vieira

Print or Type Name

President

Title