

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/0

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 lany (R.I.G.L. 7-1.2-150). 401.222.3040

subject to a penalty fee of \$25.00.	301(e), each corporation	failing or refusing to file its an	nual report within thirty (30) days a	ifter the time prescribed by law (I	R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 101821 2. Name of Corporation (LIDEN EXCAVATION & PAVING, THE 3. Street Address Principal Business Office Company of Corporation (Company of Corporation of Corp					
	en HIL	20AD 5. State of Incorporation	HAPE VALLEY	vi vg , Ivc .	02£32_
L 401-539-7220 Ribor			Escrus		-
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Street Address 182 FENNER HII RUMS City State RT 210 Secretary Name CRIPER TR.			Vice President Name		
182 FENNER HIL RUMS			Street Address		
Tole VAILEY Secretary Name	State RE	02 832 <u></u>	Chy	State	Zip
Scottany Manne			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					
TAMES P. CRIDER OR.			Director Name		
182 FERNER HILL ROAD			Street Address		
Director Name	State RI	^{Zip} 02832	City	State	Záp
Director syang			Director Name		
Street Address			Street Address		
City	State	Zíp	City	State	Zip
9. SHARES AUTHORIZED J. D. Common	- NOP	ar value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			100	Congres N	NO PAR
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 executed on the e					
this report must be executed on behalf of the corporation by the receiver or trustee.					
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			Under penalty of perjuding any accomma	y, I declare and affirm that I nying schedules and stateme	have examined this report,
File Date 2-2-3	010		contained herein are true and correct.		
Check No		Signature D	· Church	Date Date	
By:	nc		Print of Type Name		
FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08					