

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 2010

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(e&d)) is

subject to a penalty fee of \$25.0	90.		muu report wumin imiriy (50)	iusis ujier ine iinie prescribeu by	uw (N.1.G.L. /-1.2-1)01(coa	
1. Corporate ID No. <b>506670</b>	Solid Earth	2. Name of Corporation Solid Earth Technologies, Inc.				
3. Street Address Principal Business Office 3 Howe drive, Unit# 3			City Amherst	State NH	Ζφ <b>03031</b>	
4. Business Phone No. 5. State of Incorporation New Hamsphire						
<ol> <li>Brief Description of the Cha.</li> <li>Helical pier and boards</li> <li>NAMES AND ADDRE</li> </ol>	walk installations	cted in Rhode Island  ICERS: ("X" BOX FOR ATT	ACHMENT)   FILL II	N SPACES BEFORE USIN	G ATTACHMENTS	
President Name Matthew Stacy			Vice President Name Matthew Stacy			
Street Address 17 Thornton Ferry II			Street Address 17 Thomton Ferry II			
City Amherst	State <b>NH</b>	<sup>Zip</sup> 03031	Gity Amherst	State NH	<sup>Zip</sup> 03031	
Secretary Name Mattew Stacy			Treasurer Name Matthew Stacy			
Street Address 17 Thornton Ferry II			Street Address 17 Thornton Ferry II			
City Amherst	State NH	<sup>Zip</sup> 03031	City Amherst	State NH	7.ip 03031	
B. NAMES AND ADDRE Director Name NONE	SSES OF THE DIRE	ECTORS: ("X" BOX FOR AT	TACHMENT)   FILL Director Name NONE	IN SPACES BEFORE US	ING ATTACHMENTS	
reet Address			Street Address			
Olly	State	Zip	City	State	Zip	
Director Name NONE			Director Name NONE			
itreet Address			Street Address			
<i>Tity</i>	State	Zip	City	State	Zip	
. SHARES AUTHORIZE	ED '			D <i>("X" BOX FOR ATTA</i> SECTION <u>MUST</u> BE COMPLETI	_	
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	CWP	NO PAR	
This report must be exec	cuted on behalf of th	ne corporation by an authoriz	ted representative. If the	corporation is in the har	nds of a receiver or truste	
ais report must be execu	uted on behalf of the	e corporation by the receiver	or trustee.			
	FILE				m that I have examined this a	
File Date	FEB 0 8 20		including any accontained herein	ecompanying schedules and are true and correct.	statements, and that all state	
	By	5	Signature	104	Date	
Ву:	1/049,	7	Matthew S Print or Type Na			
	OF STATE USE ONLY		President			
			Title			