

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- subject to a penalty fee of \$25.00. | 1501(e), each corporation f | ailing or refusing to file its an | nual report within thirty (30) | days after the time prescribed by | law (R.I.G.L. 7-1.2-1501(c&d)) is | |
|--|---|--|--------------------------------------|---|-----------------------------------|--|
| 1. Corporate ID No. 54348 | | 2. Name of Corporation Pond View Excavation, Corp. | | | | |
| 3. Street Address Principal Business Office 50 French Street | | | City Rehoboth | State MA | ^{Zip} 02 76 9 | |
| 4. Business Phone No. 5. State of Incorporation (508) 336-4665 Massachusetts | | | | | | |
| 6. Brief Description of the Character To make estimates on, bid t | of Business Conducted in F for, procure and perf | Rhode Island orm contracts for exca | vation, sewer laying a | nd septic tank services. | | |
| 7. NAMES AND ADDRESSES President Name | OF THE OFFICERS: | ("X" BOX FOR ATTA | | N SPACES BEFORE USING | G ATTACHMENTS | |
| Kenneth J. Foley | | | Vice President Name Kenneth J. Foley | | | |
| Street Address 50 French Street | | | Street Address 50 French Street | | | |
| City Rehoboth | State MA | ^{Zip} 02769 | City Rehoboth | State MA | ^{Zip} 02769 | |
| Secretary Name Linda K. Foley | | | Treasurer Name Kenneth J. Foley | | | |
| Street Address 50 French Street | | | Street Address 50 French Street | | | |
| Rehoboth | State MA | ^{Zip} 02769 | City Rehoboth | State MA | Zip 02769 | |
| 8. NAMES AND ADDRESSES Director Name | OF THE DIRECTOR | S: ("X" BOX FOR ATT | TACHMENT) T FILL Director Name | IN SPACES BEFORE USIN | NG ATTACHMENTS | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Director Name | J | | Director Name | | | |
| Street Address | | | Street Address | | | |
| Сііу | State | Zip | City | State | Zip | |
| 9. SHARES AUTHORIZED | | 1 | • | D <i>("X" BOX FOR ATTAC</i> SECTION <u>MUST</u> 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 | | No Par | |
| | | | | | | |
| This report must be executed this report must be executed of | on behalf of the corporate on behalf of the corporate of | oration by an authorize tration by the receiver o | d representative. If the or trustee. | corporation is in the hand | ls of a receiver or trustee, | |
| | | | Under penalty of | perjury, I declare and affirm | that I have examined this report | |

| File Date FILED |
|---------------------------------|
| Check No |
| FOR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and affi including any accompanying schedules ar contained herein are true and correct. | irm that I have examined this report, and statements, and that all statements |
|---|---|
| Levela K Foly | 2-8-10 |
| Sighature / | Date |
| Linda K Poley | |
| Print or Type Name | · · · · · · · · · · · · · · · · · · · |
| Secretary | |
| Title | Form 620 Pay 09/09 |