

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

Filling Period: January 1 - March 1 • Filling 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 within the prescribed by law (R.I.G.L. 7-1.2-1501(e&d)).

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 139307	2. Name of Corporation Foster Excavation, Inc.					
3. Street Address Principal Business Office 3 Salisbury Road			Foster	State RI	^{Ζφ} 02825	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island To provide excavation services						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Lucas D'Allesandro			None			
Street Address 3 Salisbury Road			Street Address			
City Foster	State RI	<i>zip</i> 02825	City	State	Ζір	
Secretary Name Lucas D'Allesandro			Treasurer Name Lucas D'Allesandro			
Street Address 3 Salisbury Road			Street Address 3 Salisbury Road			
City Foster	State RI	^{Ζ(p} 02825	City Foster	State RI	χφ 02825	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
Director Name Director Name						
None			None			
Street Address			Street Address			
City	State	Ζф	City	State	委	
Director Name None			Director Name None			
Street Address			Street Address			
Сцу	State	Zip	City	State	5 5	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is augustly	of second in the Office	a of the Country of	Number of Shares	Class/Series	Par Value	
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.			100	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.						

I _a	
FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date MAY 1 2 2010	contained herein are true and correct.
Check No. By	Signature Date
Ву:	Print or Type Name President of Faskiz Excaution inc.
FOR SECRETARY OF STATE USE ONLY \	Title Form 630 Rev. 08/08