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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 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(c), 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	2. Name of Corporation
52789	CLEMENT ROSE EXCAVATING, INC.

3. Street Address Principal Business Office	City	State	Zip
35 SOUTH AVENUE	TIVERTON	RI	02878

4. Business Phone No	5. State of Incorporation
624-4427	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN EXCAVATION

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

President Name	Vice President Name
CLEMENT O. ROSE, JR.	SALLY J. ROSE & DAVID EDWARD ROSE
Street Address: 35 SOUTH AVENUE	Street Address: 35 SOUTH AVENUE
City: TIVERTON / State: RI / Zip: 02878	City: TIVERTON / State: RI / Zip: 02878
Secretary Name: CLEMENT O. ROSE, JR.	Treasurer Name: CLEMENT O. ROSE, JR.
Street Address: 35 SOUTH AVENUE	Street Address: 35 SOUTH AVENUE
City: TIVERTON / State: RI / Zip: 02878	City: TIVERTON / State: RI / Zip: 02878

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

Director Name	Director Name
SALLY J. ROSE	CLEMENT O. ROSE, JR.
Street Address: 35 SOUTH AVENUE	Street Address: 35 SOUTH AVENUE
City: TIVERTON / State: RI / Zip: 02878	City: TIVERTON / State: RI / Zip: 02878
Director Name: NONE	Director Name: NONE
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
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.

[redacted]

FILED

File Date: FEB 28 2011

Check No. By: mnc

By: 12076

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 2-23-11

CLEMENT O. ROSE, JR.
Print or Type Name

[redacted] PRESIDENT
Title

59715-125-600086

Form 630 Rev. 08/08