

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(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 \$25.00.						
1. Corporate ID No. 147148	2. Name of Corporation M. Ernst Excavating, Inc.					
3. Street Address Principal Business Office P.O. Box 1015			New Shoreham	State RI	^{Ztp} 02807	
4. Business Phone No. 401-466-5638		5. State of Incorporation Rhode Island				
6. Brief Description of the Character of Excavation and Construction	f Business Conducted in Rl 1	oode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN SPAC	ES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Michael D. Ernst			Куга R.Ernst			
Street Address P.O. Box 1015			Street Address P.O. Box 1015			
New Shoreham	State RI	^{Ζφ} 02807	City New Shoreham	State RI	^{Ztp} 02807	
Secretary Name Kyra R. Ernst			Trensurer Name Michael D. Ernst			
Street Address P.O.Box 1015			Street Address P.O. Box 1015			
New Shoreham	State RI	^{Ζψ} 02807	Giy New Shoreham	State RI	<i>2</i> ф 02807	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS	
Director Name Michael D. Ernst			Director Name			
Street Address			Street Address			
P.O. Box 1015						
City	State	Ζĺp	CHy	State	Ztp	
New Shoreham	RI	02807				
Director Name			Director Name	•	************************************	
Street Address		Strevi Address				
Сиу	State	Zip	Сйу	State	Zip	
9. SHARES AUTHORIZED			10: SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	and the second of the second o	and the second of the second o	
This is formed at the state 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	stk	\$0.01/share	
			graph such than			
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorized ration by the receiver of	d representative. If the corpor trustee.	ration is in the hand	s of a receiver or trustee,	

FILED	Under penalty of perjury, I declare and affirm that I have examined this re including any accompanying schedules and statements, and that all stater		
File Date MAR 2 1 2011	contained herein are true and correct.		
Check No. 7 - 2 - 2 - 2	Signature Date		
301	Michael E. Ernst		
By:	Print or Type Name		
FOR SECRETARY OF STATE USE ONLY	President		
FOR SECRETARI OF STATE USE ONLY	Title		
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