



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |   |                    |                     |
|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No.<br><b>76060</b>   |                    | 2. Exact name of the Corporation<br><b>All STAR EXCAVATING, INC.</b> |   |                    |                     |
| 3. Principal office address<br><b>98 Scenery Lane</b>  |                    |  | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 4. Business Phone No.<br><b>401-946-3939</b>   |                    |  | 5. State of Incorporation<br><b>Rhode Island</b>                                      |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Construction</b>   |                    |  |   |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |   |                    |                     |
| President Name<br><b>FRANK GAGLIONE</b>  |                    |  | Vice-President Name   |                    |                     |
| Street Address<br><b>98 Scenery Lane</b>   |                    |  | Street Address  |                    |                     |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City  | State              | Zip                 |
| Secretary Name   |                    |  | Treasurer Name  |                    |                     |
| Street Address   |                    |  | Street Address  |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |  |   |                    |                     |
| Director Name  |                    |  | Director Name   |                    |                     |
| Street Address   |                    |  | Street Address  |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| Director Name  |                    |  | Director Name   |                    |                     |
| Street Address   |                    |  | Street Address  |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b> |                    |                     |
| 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           |
|  |                    |  | <b>0</b>  |                    |                     |
|  |                    |  |   |                    |                     |

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 STATE OF RHODE ISLAND  
 CORPORATIONS DIV

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**  
 APR 04 2013  
 02194480

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.

*Frank Gaglione* 4-1-2013  
 Signature of Authorized Representative Date

**FRANK GAGLIONE**  
 Print or Type Name of Authorized Representative