



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 2015**

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. <b>123797</b>		2. Exact name of the Corporation <b>TERRY MOONE EXCAVATING, INC.</b>		
3. Principal office address <b>401 SCHOOL ST.</b>		City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
4. Business Phone No. <b>401-480-6232</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>THE DESIGN AND INSTALLATION OF SEPTIC SYSTEMS AND ANY OTHER LEGAL BUSINESS</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>TERRY W. MOONE</b>		Vice-President Name <b>NONE</b>		
Street Address <b>401 SCHOOL ST.</b>		Street Address		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State
Secretary Name <b>NONE</b>		Treasurer Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <b>1000 SHARES NO PAR VALUE</b>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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>1000</b>	<b>COMM</b>	<b>NO PAR VALUE</b>

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: \_\_\_\_\_

**FILED**

FOR SECRETARY OF STATE USE ONLY

**FEB 17 2015**

Form No. 630  
Revised: 01/2012

**BY**

**1148**

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.

**Terry W. Moone**

Signature of Authorized Representative

Date

**TERRY W. MOONE**

Print or Type Name of Authorized Representative