



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 2015

**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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 136829		2. Name of Corporation LAMPHERE & SONS EXCAVATION, INC			
3. Street Address Principal Business Office PO Box 28			City Hopkinton	State RI	Zip 02833
4. Business Phone No. 401-377-3066		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island general excavating services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joel T. Lamphere			Vice President Name Joel T. Lamphere		
Street Address 279 North Road			Street Address 279 North Road		
City Hopkinton	State RI	Zip 02833	City Hopkinton	State RI	Zip 02833
Secretary Name Joel T. Lamphere			Treasurer Name Joel T. Lamphere		
Street Address 279 North Road			Street Address 279 North Road		
City Hopkinton	State RI	Zip 02833	City Hopkinton	State RI	Zip 02833
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joel T. Lamphere			Director Name		
Street Address 279 North Road			Street Address		
City Hopkinton	State RI	Zip 02833	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	common	\$1.00 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.

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: Joel T. Lamphere Date: 3-10-15  
Print or Type Name: JOEL LAMPHERE  
Title: Pres.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY <b>BY</b> <u>2034</u>

FILED

MAR 18 2015