



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 2016

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. 14169		2. Exact name of the Corporation STEERE EXCAVATING CO. INC.			
3. Principal office address 1304 PUTNAM PIKE			City CHEPACHET	State R.I.	Zip 02814
4. Business Phone No. 401 568-8678		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island TRUCKING OF GRAVEL & FILL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARTHA STEERE			Vice-President Name MARTHA STEERE		
Street Address 1318 PUTNAM PIKE			Street Address 1318 PUTNAM PIKE		
City CHEPACHET	State R.I.	Zip 02814	City CHEPACHET	State R.I.	Zip 02814
Secretary Name MARTHA STEERE			Treasurer Name MARTHA STEERE		
Street Address 1318 PUTNAM PIKE			Street Address 1318 PUTNAM PIKE		
City CHEPACHET	State R.I.	Zip 02814	City CHEPACHET	State R.I.	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NA			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
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		PAYX

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: _____

FOR SECRETARY OF STATE USE ONLY

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.

Walter Steere 1-19-16
 Signature of Authorized Representative Date

WALTER STEERE
 Print or Type Name of Authorized Representative

FILED

JAN 21 2016

rv **HL 6559**