



**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. <b>21229</b>		2. Exact name of the Corporation <b>R. Quirk Excavation INC</b>	
3. Principal office address <b>3681 Quaker Lane</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
4. Business Phone No. <b>401-295-8681</b>		5. State of Incorporation	
6. Brief description of the character of business conducted in Rhode Island <b>Excavation</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Robert F. Quirk</b>		Vice-President Name <b>Eric Quirk</b>	
Street Address <b>3681 Quaker Lane</b>		Street Address <b>Same</b>	
City <b>NK</b>	State <b>RI</b>	Zip <b>02852</b>	
Secretary Name <b>Ryan Quirk</b>		Treasurer Name <b>Robert F Quirk</b>	
Street Address <b>Same</b>		Street Address <b>Same</b>	
City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Robert F. Quirk</b>		Director Name <b>X Robert F Quirk</b>	
Street Address <b>Same</b>		Street Address	
City	State	Zip	
Director Name <b>X Robert F Quirk</b>		Director Name <b>X Robert F Quirk</b>	
Street Address		Street Address	
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
<b>1,000 -</b>		<b>Common</b>	<b>1.00</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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**  
**JAN 21 2016**

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.

**Robert F Quirk**  
 Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**Robert F Quirk**  
 Print or Type Name of Authorized Representative

P# **18788**