



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>117476</b>		2. Exact name of the Corporation <b>PHOENIX BUILDING &amp; EXCAVATION, INC.</b>			
3. Principal office address <b>3 VANTAGE POINT</b>		City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	
4. Business Phone No. <b>401-862-1193</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>CONTRACTING AND EXCAVATING SERVICES</b>					
President Name <b>DANIEL KOPSACK</b>			Vice-President Name <b>DANIEL KOPSACK</b>		
Street Address <b>3 VANTAGE POINT</b>			Street Address <b>3 VANTAGE POINT</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>DANIEL KOPSACK</b>			Treasurer Name <b>DANIEL KOPSACK</b>		
Street Address <b>3 VANTAGE POINT</b>			Street Address <b>3 VANTAGE POINT</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>DANIEL KOPSACK</b>			Director Name		
Street Address <b>3 VANTAGE POINT</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		COMMON		NO PAR	

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.



**FILED**

**MAR 24 2016**

**5742**

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 of Authorized Representative

**DANIEL KOPSACK, PRESIDENT**

Print or Type Name of Authorized Representative

Date

**3/15/16**