



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>001481142</u>		2. Exact name of the Corporation <u>Gordon Building &amp; Excavating</u>			
3. Principal Office Address <u>143 Spring Street</u>			City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>
4. Business Phone Number <u>401-524-3051</u>			5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Residential Construction</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Donald Gordon</u>			Vice-President Name <u>none</u>		
Street Address <u>143 Spring St.</u>			Street Address		
City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	City	State	Zip
Secretary Name <u>none</u>			Treasurer Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>1500</u>	<u>CWP</u>	<u>.01</u>
11. 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. <b>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.</b>					
Name of Authorized Representative <u>Donald Gordon</u>					Date <u>8-12-16</u>
Signature of Authorized Representative <u>Donald Gordon</u>					

**FILED**

AUG 17 2016

BY 1229

**MAIL TO:**  
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 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov