



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

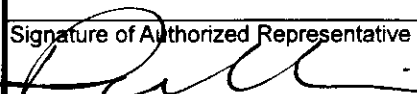
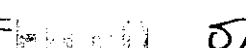
Annual Report for the year: **2017**

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 7297		2. Exact name of the Corporation Dig Excavating & Equipment Co.			
3. Principal Office Address 90 Douglas Pike		City Smithfield		State RI	Zip 02917-0000
4. Business Phone Number: (401) 232-3700		6. Brief description of the character of business conducted in Rhode Island general construction and excavation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul T. Surabian			Vice-President Name Paul T. Surabian		
Street Address 95 Tipping Rock Road			Street Address 95 Tipping Rock Road		
City East Greenwich	State RI	Zip 02818-	City East Greenwich	State RI	Zip 02818-
Secretary Name Paul T. Surabian			Treasurer Name Paul T. Surabian		
Street Address 95 Tipping Rock Road			Street Address 95 Tipping Rock Road		
City East Greenwich	State RI	Zip 02818-	City East Greenwich	State RI	Zip 02818-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul T. Surabian			Director Name none		
Street Address 95 Tipping Rock Road			Street Address none		
City East Greenwich	State RI	Zip 02818-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	No Par
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.					
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.					
Name of Authorized Representative Paul T. Surabian President				Date 1/02/2017	
Signature of Authorized Representative  SIGN DOCUMENT HERE: 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 17 2017

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FORM 630 - Revised: 08/2016