



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 794129		2. Exact name of the Corporation M. A. Excavation, Inc.			
3. Principal Office Address 563 Quisset Court			City Warwick	State RI	Zip 02886
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island GENERAL EXCAVATION			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MaryAnn Hamler			Vice-President Name MaryAnn Hamler		
Street Address 563 Quisset Court			Street Address 563 Quisset Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name MaryAnn Hamler			Treasurer Name MaryAnn Hamler		
Street Address 563 Quisset Court			Street Address 563 Quisset Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MaryAnn Hamler			Director Name		
Street Address 563 Quisset Court			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		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 MaryAnn Hamler				Date 1-26-17	
Signature of Authorized Representative <i>MaryAnn Hamler</i>				FILED	

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

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 FORM 630 - Revised: 10/2016