



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 123797		2. Exact name of the Corporation TERRY MOONE EXCAVATING, INC.			
3. Principal Office Address 401 SCHOOL ST.			City NO. KINGSTOWN	State RI	Zip 02852
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island THE DESIGN AND INSTALLATION OF SEPTIC SYSTEM AND ANY OTHER LEGAL BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TERRY W. MOONE			Vice-President Name SAME		
Street Address 401 SCHOOL ST			Street Address		
City NO. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 1000		10. Shares Issued 1000 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
		1000		COMM	NO PAR VALUE
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 Terry W. Moore				Date 2-11-17	
Signature of Authorized Representative				FILED FEB 15 2017 BY <u>2924</u> 	

MAIL TO:
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