



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 2017

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. 41152		2. Exact name of the Corporation L.P. ANDREWS EXCAVATING, INC.	
3. Principal office address 58 TOWNHOUSE ROAD		City CAROLINA	State RI
4. Business Phone No. 401-539-7531		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name LEWELL P. ANDREWS		Vice-President Name LEWELL P. ANDREWS	
Street Address 58 TOWNHOUSE ROAD		Street Address 58 TOWNHOUSE ROAD	
City CAROLINA	State RI	Zip 02812	City CAROLINA
Secretary Name LEWELL P. ANDREWS		Treasurer Name LEWELL P. ANDREWS	
Street Address 58 TOWNHOUSE ROAD		Street Address 58 TOWNHOUSE ROAD	
City CAROLINA	State RI	Zip 02812	City CAROLINA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name LEWELL P. ANDREWS		Director Name	
Street Address 58 TOWNHOUSE ROAD		Street Address	
City CAROLINA	State RI	Zip 02812	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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
		20	COMMON
		NO PAR VALUE	PAR VALUE

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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.

MAR 06 2017

Signature of Authorized Representative

Date

BY

12702

LEWELL P. ANDREWS

Print or Type Name of Authorized Representative