



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 JAN 19 AM 10:33

1. Entity ID Number 000031954		2. Exact name of the Corporation Providence Sand & Gravel Company			
3. Principal Office Address 223 Allens Avenue			City Providence		State RI Zip 02903
4. NAICS Code 484200		6. Brief description of the character of business conducted in Rhode Island Operation of a Sand, Gravel and Trucking Company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Dustin J. Everson			Vice-President Name		
Street Address 223 Allens Avenue			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Dustin J. Everson			Treasurer Name Dustin J. Everson		
Street Address 223 Allens Avenue			Street Address 223 Allens Avenue		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Dustin J. Everson			Director Name		
Street Address 223 Allens Avenue			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0
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 Dustin J. Everson					Date 1-19-18
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

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