



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

FILED

JAN 25 2018

BY *[Handwritten Signature]*

- 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 98781		2. Exact name of the Corporation Langford Bros. Excavating, Inc.			
3. Principal Office Address 212 Hope Road			City Cranston	State RI	Zip 02921
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Excavating			
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 Michael E. Langford			Vice-President Name Michael E. Langford		
Street Address 212 Hope Road			Street Address 212 Hope Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Michael E. Langford			Treasurer Name Michael E. Langford		
Street Address 212 Hope Road			Street Address 212 Hope Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael E. Langford			Director Name		
Street Address 212 Hope Road			Street Address		
City Cranston	State RI	Zip 02921	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
		1,000		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 Michael E. Langford					Date 1/16/18
Signature of Authorized Representative <i>[Handwritten Signature]</i>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov