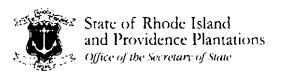
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A. Ralph Mollis, Secretary of State Corporations Du ision 148 W. River Street

Providence, RI 02904-2615 401 222 3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR. 2018

Filing Period: January 1 - March 1 - Filing Fee: \$50.00° - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&di) is

Coporate ID No 136829	LAMPHER	RE & SONS EXCAVATION			
Nicot Address Principal Business Office O Box 28			Cur. Hopkinton	State RI	2φ 02833
Husiness Phone No 401-377-3066					
But Description of the Cha general excavating se		a wafin Rhade Island			
	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name  Joel T. Lamphere			Joel T. Lamphere		
Street Address 279 North Road			Mrod Address 279 North Road		
்ர Hopkinton	Nate RI	ν <sub>ψ</sub> 02833	Cin Hopkinton	State RI	∠φ 02833
Secretary Name Joel T. Lamphere			Treusurer Name Joel T. Lamphere		
Street Address 279 North Road			Street Address 279 North Road		
n Hopkinton	State RI	λφ 02833	Hopkinton	State RI	ν <sub>φ</sub> 02833
B. NAMES AND ADDRI Director Name Joel T. Lamphere	ESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT)   FILL I Director Name	N SPACES BEFORE USIN	IG ATTACHMENTS
ires Address 279 North Road			Mixel Address		
்ர Hopkinton	State RI	Ζφ 02833	Ctt;	State	Zsp
hrector Name			Director Name		
Street Address			Street Address		
Жү	State	Zψ	City	Mate	Zip
. SHARES AUTHORIZ	, ED	I		 D <i>("X" BOX FOR ATTAC</i> ECTION MUST BE COMPLETED	
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	Par Value
			100	common	\$1.00 par value
 This report must be exe	ecuted on behalf of I	he corporation by an authorize	ed representative. If the	corporation is in the hand	ds of a receiver or truste

	FILED	Under penalty of perjury, Leleclare and affirm that I have examined this report, including any acyloghanying schedules and statements, and that all statements
File Date  Check No	FEB 0 8 2018	Signature  COFI LAMPHERE
FOR SECRETARY OF STATE USE ONLY		Print or Type Name Price Title