



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

FEB 26 2018

BY

3027

1. Entity ID Number <u>123797</u>		2. Exact name of the Corporation <u>TERRY MOONE EXCAVATING, INC.</u>			
3. Principal Office Address <u>401 SCHOOL ST.</u>			City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
4. NAICS Code <u>562991</u>		6. Brief description of the character of business conducted in Rhode Island <u>THE DESIGN AND INSTALLATION OF SEPTIC SYSTEMS AND ANY OTHER LEGAL BUSINESS</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>TERRY W. MOONE</u>			Vice-President Name <u>SAME</u>		
Street Address <u>401 SCHOOL ST.</u>			Street Address		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
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 <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <u>1000</u>		10. Shares Issued <u>1000</u> 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
		<u>1000</u>	<u>COMM</u>	<u>NO PAR VALUE</u>	
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. <u>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.</u>					
Name of Authorized Representative <u>TERRY W. MOONE</u>				Date <u>2-22-17</u>	
Signature of Authorized Representative <u>Terry W. Moone</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov