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

FILED
FEB 26 2018
BY 12950 001

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.

1. Entity ID Number	2. Exact name of the Corporation		
41152	L.P. ANDREWS EXCAVATING, INC.		
3. Principal Office Address	City	State	Zip
58 TOWNHOUSE ROAD	CAROLINA	RI	02812
4. NAICS Code: 238910	6. Brief description of the character of business conducted in Rhode Island: SITE WORK		
5. State of Incorporation: R.I.			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
LEWELL P. ANDREWS			LEWELL P. ANDREWS		
Street Address: 58 TOWN HOUSE ROAD			Street Address: 58 TOWNHOUSE ROAD		
City: CAROLINA	State: RI	Zip: 02812	City: CAROLINA	State: RI	Zip: 02812
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	State: RI	Zip: 02812

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
LEWELL P. ANDREWS					
Street Address: 58 TOWNHOUSE ROAD			Street Address		
City: CAROLINA	State: RI	Zip: 02812	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
20	COMMON	NO PAR VALUE

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	Date
LEWELL P. ANDREWS	2/21/18

Signature of Authorized Representative: Lewell P. Andrews

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov