



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

FILED

Annual Report for the year: 2018
 Corporation

FEB 26 2018

BY 12950
001

- 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 41152		2. Exact name of the Corporation L.P. ANDREWS EXCAVATING, INC.			
3. Principal Office Address 58 TOWNHOUSE ROAD		City CAROLINA	State RI	Zip 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 <input type="checkbox"/>					
President Name LEWELL P. ANDREWS			Vice-President Name 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 <input type="checkbox"/>					
Director Name LEWELL P. ANDREWS			Director Name		
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			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
			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 LEWELL P. ANDREWS				Date 2/21/18	
Signature of Authorized Representative <i>Levell P. Andrews</i>					

MAIL TO:
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 Website: www.sos.ri.gov