



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 141905		2. Name of Corporation J.C.B. Excavation, Inc.			
3. Street Address Principal Business Office 317 Harkney Hill Road			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-397-3136		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island EXCAVATION, CONSTRUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William Rice			Vice President Name Heidi Rice		
Street Address 317 Harkney Hill Road			Street Address 317 Harkney Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Heidi Rice			Treasurer Name William Rice		
Street Address 317 Harkney Hill Road			Street Address 317 Harkney Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William Rice			Director Name Heidi Rice		
Street Address 317 Harkney Hill Road			Street Address 317 Harkney Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	COMMON	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

William Rice 2-09-05  
Signature of Officer Date

William Rice  
Print or Type Name of Officer

President  
Title of Officer

**FILED**

File Date MAR 25 2005 1076

Check No. \_\_\_\_\_

By [Signature]

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