



State of Rhode island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual 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.

MAR 02 2018

BY

1. Entity ID Number 130782		2. Exact name of the Corporation C. Grant & Sons Excavation, Inc.			
3. Principal Office Address 16 Allison Court			City Riverside	State RI	Zip 02815
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Excavation at construction sites and any other lawful purpose				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher Grant			Vice-President Name Christopher P. Grant		
Street Address 16 Allison Court			Street Address 16 Allison Court		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Bonnie Grant			Treasurer Name Christopher Grant		
Street Address 16 Allison Court			Street Address 16 Allison Court		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Christopher Grant			Director Name Bonnie Grant		
Street Address Same as above			Street Address Same as above		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Christopher Grant				Date 1/10/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 2/12/2018	

MAIL TO:

Division of Business Services

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