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

FILED
MAR 02 2018
BY S8316

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			
130782	C. Grant & Sons Excavation, INc.			
3. Principal Office Address		City	State	Zip
16 Allison Court		Riverside	RI	02815
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238990	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

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
200	Common	No Par

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
Christopher Grant	1/10/18

Signature of Authorized Representative — SIGN DOCUMENT HERE — 2/12/2018

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

FORM 630 - Revised: 10/2017