State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	00 fee if form is no	ot filed by April 1.						
Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
001673568	Dozer Mater	Dozer Materials, Inc.						
3. Principal Office Address			City		State Zip			
316 Field Hill Rd			Scituate		RI	02857		
4. NAICS Code	6. Brief descr	ription of the charac	ter of business o	conducted in Rhode	Island	· · · · · · · · · · · · · · · · · · ·		
238910	Land Escav	Land Escavation						
5. State of Incorporation]						
RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Steven J. Langford			Vice-President Name Steven J. Langford, Jr.					
Street Address 316 Field Hill Ro	Street Address 316 Field Hill Rd							
^{City} Scituate	State RI	^{Zip} 02857	City Scituate		State RI	^{Ζιρ} 02857		
Secretary Name April M. LaFleur			Treasurer Name Steven J. Langford					
Street Address 316 Field Hill Rd			Street Address 316 Field Hill Rd					
City Scituate	State RI	^{Zip} 02857	City Scituate		State RI	State RI Zip 02857		
8. List ALL directors (names ar	nd addresses)				the box to inc	dicate an attachment 🔲		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	·	State	Zip		
			J,					
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					Check the box to indicate an attachment Speries			
Department of State.		8000		Common		0		
Changes require an additional filing.								
44 This A A b- This A			- 41					
 This report must be execute trustee, this report must be exe 	ecuted on behalf of	the corporation by	the receiver or tr	rustee.				
Under penalty of perjury, I de				including any acco	mpanying sci	nedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date		
Steven J. Langford					9/27/2018			
Signature of Authorized Repres	sentative					· · -		
		SIGN DOC	CUMENT HE	RE FILED				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 1 2018 BY 17269

