

Annual Report for the year: 2018
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact nam	e of the Limited L	iability Company		
1658973	FOLEY EXCAVATION, LLC.				
3. NAICS Code 237990	Brief description of the character of business conducted in Rhode Island TO CARRY ON RESIDENTIAL AND COMMERCIAL CONSTRUCTION, TRUCKING AND EXCAVATION				
5. State of Formation					
MASSACHUSETTS					
6. Principal Office Address			City REHOBOTH	State	Zip
53 FRENCH STREET	NCH STREET			MA	02769
7. Mailing Address of Limited Lia	ability Company	and Name or Tit	le of Contact Person		
Contact Name KEITH J. FOLEY			Contact Title MANAGER		
Street Address 53 FRENCH STREET			City REHOBOTH	State MA	^{Zip} 02769
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS
Manager Name KEITH J. FOLEY			Manager Name KEVIN J. FOLEY		
Street Address 53 FRENCH STREET			Street Address 37 FRANCIS FARM ROAD		
City REHOBOTH	State MA	^{Zip} 02769	City REHOBOTH	State MA	^{Zip} 02769
Manager Name KENNETH J. FOLEY, II			Manager Name		
Street Address 19 TRIM STREET			Street Address		
City REHOBOTH	State MA	^{Zip} 02769	City	State	Zip
	 	•		Check the box to it	ndicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I dec statements, and that all states			• •	g any accompanyin	g schedules and
Name of Authorized Person Date					
Keith J. Foley 9-21-18					
Signature of Authorized Person Sign JOCULLEN' -ERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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FORM 632 - Revised: 10/2017