



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

Annual Report for the year: **2019**
 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 000043344		2. Exact name of the Corporation DYER EXCAVATION, INC.			
3. Principal Office Address 13 YAWGOO POND ROAD			City WEST KINGSTON	State RI	Zip 02892
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island EXCAVATION, DIGGING FOUNDATIONS, LEACHFIELDS, DRIVES AND UTILITIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HERBERT GARRY DYER			Vice-President Name JANE SWEET DYER		
Street Address 13 YAWGOO POND ROAD			Street Address 13 YAWGOO POND ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Secretary Name JANE SWEET DYER			Treasurer Name HERBERT GARRY DYER		
Street Address 13 YAWGOO POND ROAD			Street Address 13 YAWGOO POND ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HERBERT GARRY DYER			Director Name JANE SWEET DYER		
Street Address 13 YAWGOO POND ROAD			Street Address 13 YAWGOO POND ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Director Name NONE			Director Name NONE		
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 <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 HERBERT GARRY DYER				Date X 1/21/19	
Signature of Authorized Representative <i>Herbert Garry Dyer</i>					

SIGN. DOCUMENT

FILED

JAN 24 2019

BY

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