



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.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 139307		2. Exact name of the Corporation Foster Excavation, Inc.			
3. Principal Office Address 19A Buck Hill Road			City Johnston	State RI	Zip 02919
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Excavation.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lucas Dallesandro			Vice-President Name Lucas Dallesandro		
Street Address 19A Buck Hill Road			Street Address 19A Buck Hill Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Lucas Dallesandro			Treasurer Name Lucas Dallesandro		
Street Address 19A Buck Hill Road			Street Address 19A Buck Hill Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lucas Dallesandro			Director Name		
Street Address 19A Buck Hill Road			Street Address		
City Johnston	State RI	Zip 02919	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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			8000		Common
			PAR VALUE		No 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 LUCAS D'ALLESANDRO					Date 1-17-19
Signature of Authorized Representative <i>[Signature]</i> president Foster Excavation Inc.					FILED <i>[Signature]</i>

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

JAN 28 2019

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FORM 630 - Revised: 10/2017