

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.

REGISTRATION  
 BOARD  
 CAROLINA, RHODE ISLAND 02812  
 Telephone: (401) 222-3137

FILED

MAR 04 2019

BY

13104 DS

1. Entity ID Number <b>41152</b>		2. Exact name of the Corporation <b>L.P. ANDREWS EXCAVATING, INC.</b>			
3. Principal Office Address <b>58 TOWNHOUSE ROAD</b>		City <b>CAROLINA</b>		State <b>RI</b>	Zip <b>02812</b>
4. NAICS Code <b>238910</b>		6. Brief description of the character of business conducted in Rhode Island <b>SITE WORK</b>			
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LEWELL P. ANDREWS</b>			Vice-President Name <b>LEWELL P. ANDREWS</b>		
Street Address <b>58 TOWN HOUSE ROAD</b>			Street Address <b>58 TOWNHOUSE ROAD</b>		
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>
Secretary Name <b>LEWELL P. ANDREWS</b>			Treasurer Name <b>LEWELL P. ANDREWS</b>		
Street Address <b>58 TOWNHOUSE ROAD</b>			Street Address <b>58 TOWNHOUSE ROAD</b>		
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LEWELL P. ANDREWS</b>			Director Name		
Street Address <b>58 TOWNHOUSE ROAD</b>			Street Address		
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.			<b>20</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>
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 <b>LEWELL P. ANDREWS</b>				Date <b>2/28/19</b>	
Signature of Authorized Representative <i>Lewell P. Andrews</i>					