



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

Annual Report for the year: 2019
Corporation _____

FILED TAMP

FOR
MAR 21 2019

BY MORAN

- 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 797811	2. Exact name of the Corporation RMT EXCAVATING, INC.
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3. Principal Office Address 293 MARKET STREET	City WARREN	State RI	Zip 02885
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4. NAICS Code 237110	6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE AN EXCAVATING COMPANY AND ALL LEGALLY RELATED ENDEAVORS
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RONALD MORAN			Vice-President Name RONALD MORAN		
Street Address 293 MARKET STREET			Street Address 293 MARKET STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name ANTONETTE MORAN			Treasurer Name RONALD MORAN		
Street Address 6 WOBURN STREET			Street Address 293 MARKET STREET		
City BRISTOL	State RI	Zip 02809	City WARREN	State RI	Zip 02885

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RONALD MORAN			Director Name		
Street Address 293 MARKET STREET			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	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 RONALD MORAN	Date
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Signature of Authorized Representative 	SIGN DOCUMENT HERE
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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