



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>136829</b>		2. Name of Corporation <b>LAMPHERE &amp; SONS EXCAVATION, INC.</b>			
3. Street Address Principal Business Office <b>PO Box 28</b>		City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>	
4. Business Phone No. <b>401-377-3066</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL EXCAVATING SERVICES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Joel T. Lamphere</b>			Vice President Name <b>Angela M. Lamphere</b>		
Street Address <b>279 North Road</b>			Street Address <b>279 North Road</b>		
City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>	City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>
Secretary Name <b>Angela M. Lamphere</b>			Treasurer Name <b>Joel T. Lamphere</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Joel T. Lamphere</b>			Director Name <b>Angela M. Lamphere</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 \$1.00 PAR VALUE</b>			<b>100</b>	<b>common</b>	<b>\$1.00 par val</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	<u>1/10/05</u>
Check No.	<u>1680</u>
By:	<u>W.</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Angela Lamphere 1-5-05  
Signature of Officer Date  
Angela Lamphere  
Print or Type Name of Officer  
sec/tr  
Title of Officer