



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

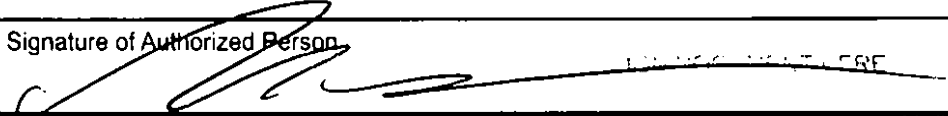
**Annual Report for the year: 2019**  
**Limited Liability Company**

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED**

NOV 18 2019

325

|   |       |  |                               |                          |                     |
|---|-------|--|-------------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><b>1692394</b>   |       | 2. Exact name of the Limited Liability Company<br><b>C&amp;V EXCAVATION LLC</b>  |                               |                          |                     |
| 3. NAICS Code<br><b>238910</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>SITE PREPARATION,SUCH AS EXCAVATING, GRADING AND SEPTIC INSTALLATION</b> |                               |                          |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |  |                               |                          |                     |
| 6. Principal Office Address<br><b>26 HAWKSBILL WAY</b>  |       |  | City<br><b>CHARLESTOWN</b>    | State<br><b>RI</b>       | Zip<br><b>02813</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                               |                          |                     |
| Contact Name<br><b>JOHN DIMON</b>   |       |  | Contact Title<br><b>OWNER</b> |                          |                     |
| Street Address<br><b>26 HAWKSBILL WAY</b>   |       |  | City<br><b>CHARLESTOWN</b>    | State<br><b>RI</b>       | Zip<br><b>02813</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                               |                          |                     |
| Manager Name  |       |  | Manager Name                  |                          |                     |
| Street Address  |       |  | Street Address                |                          |                     |
| City  | State | Zip  | City                          | State                    | Zip                 |
|   |       | <b>3</b>   |                               |                          |                     |
| Manager Name  |       |  | Manager Name                  |                          |                     |
| Street Address  |       |  | Street Address                |                          |                     |
| City  | State | Zip  | City                          | State                    | Zip                 |
|   |       |  |                               |                          |                     |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                               |                          |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                               |                          |                     |
| <b>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.</b> |       |  |                               |                          |                     |
| Name of Authorized Person<br><b>JOHN DIMON</b>  |       |  |                               | Date<br><b>11/1/2019</b> |                     |
| Signature of Authorized Person<br>   |       |  |                               |                          |                     |

**MAIL TO:**

**Division of Business Services**

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