



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

Annual Report for the year: 2020
Corporation

- 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 000506670		2. Exact name of the Corporation Solid Earth Technologies, Inc.			
3. Principal Office Address 3 Howe Drive, Unit #3			City Amherst	State NH	Zip 03031
4. NAICS Code 238990		8. Brief description of the character of business conducted in Rhode Island Helical Pier and Boardwalk Installations			
5. State of Incorporation NEW HAMPSHIRE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MATTHEW STACY			Vice-President Name MATTHEW STACY		
Street Address 11 WINDERMERE ROAD			Street Address 11 WINDERMERE ROAD		
City MOULTON BOROUGH	State NH	Zip 03254	City MOULTON BOROUGH	State NH	Zip 03254
Secretary Name MATTHEW STACY			Treasurer Name MATTHEW STACY		
Street Address 11 WINDERMERE ROAD			Street Address 11 WINDERMERE ROAD		
City MOULTON BOROUGH	State NH	Zip 03254	City MOULTON BOROUGH	State NH	Zip 03254
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		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 MATTHEW STACY					Date 1-7-20
Signature of Authorized Representative					
SIGN DOCUMENT HERE					FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02804-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 23 2020

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