



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.

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1. Entity ID Number <b>56224</b>		2. Exact name of the Corporation <b>Cullion Excavating Corp</b>			
3. Principal Office Address <b>PO Box 8979</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>237990</b>	6. Brief description of the character of business conducted in Rhode Island <b>Excavating Services</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Mark A. Cullion</b>			Vice-President Name <b>Mark A. Cullion</b>		
Street Address <b>PO Box 8979</b>			Street Address <b>PO Box 8979</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Mark A. Cullion</b>			Treasurer Name		
Street Address <b>PO Box 8979</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Mark A. Cullion</b>			Director Name		
Street Address <b>PO Box 8979</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>None</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. <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 Representative <b>Mark A. Cullion, President</b>					Date <b>8/26/2020</b>
Signature of Authorized Representative <i>Mark A. Cullion</i>					

SIGN DOCUMENT HERE

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY **1K8H7**

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FORM 630 - Revised: 10/2017