



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

2020 OCT 29 P 2:01

- 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 001693862		2. Exact name of the Corporation PRIME EXCAVATION INC.			
3. Principal Office Address 140 CENTRE OF NEW ENGLAND BLVD			City COVENTRY	State RI	Zip 02816
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island EXCAVATION SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ZARANA M. PATEL			Vice-President Name KEYUR PATEL		
Street Address 140 CENTRE OF NEW ENGLAND BLVD			Street Address 140 CENTRE OF NEW ENGLAND BLVD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ZARANA M. PATEL			Director Name KEYUR PATEL		
Street Address 140 CENTRE OF NEW ENGLAND BLVD			Street Address 140 CENTRE OF NEW ENGLAND BLVD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	CWP	\$0.01
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 DEBORAH TRIVEDI				Date 10/23/2020	
Signature of Authorized Representative <i>Deborah Trivedi</i>					

FILED ✓

OCT 29 2020

BY Ch. Ch# 1039
2:01