



Annual Report for the year: 2021
 Corporation

FILED

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 21 2021

BY 6927 DS

1. Entry ID Number <u>14169</u>		2. Exact name of the Corporation <u>STEERE EXCAVATING CO. INC.</u>			
3. Principal Office Address <u>1304 PUTNAM PIKE</u>		City <u>CHEPACHET</u>		State <u>R.I.</u>	Zip <u>02814</u>
4. NAICS Code <u>238910</u>		6. Brief description of the character of business conducted in Rhode Island <u>TRUCKING</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>MARTHA STEERE</u>			Vice-President Name <u>MARTHA STEERE</u>		
Street Address <u>1318 PUTNAM PIKE</u>			Street Address <u>1318 PUTNAM PIKE</u>		
City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>	City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>
Secretary Name <u>MARTHA STEERE</u>			Treasurer Name <u>MARTHA STEERE</u>		
Street Address <u>1318 PUTNAM PIKE</u>			Street Address <u>1318 PUTNAM PIKE</u>		
City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>	City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>MARTHA STEERE</u>			Director Name <u>WALTER STEERE III</u>		
Street Address <u>1318 PUTNAM PIKE</u>			Street Address <u>CHESTNUT HILL RD.</u>		
City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>	City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>
Director Name <u>WALTER STEERE JR.</u>			Director Name		
Street Address <u>1318 PUTNAM PIKE</u>			Street Address		
City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>	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
		<u>100</u>			<u>PAR X</u>
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 <u>WALTER STEERE</u>					Date <u>1-18-21</u>
Signature of Authorized Representative <u>Walter Steere</u>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov