



State of Rhode Island
Department of State - Business Services Division

**FILED
 STAMP
 JAN 21 2021**

BY *[Signature]*

Annual Report for the year: 2021
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 000043344		2. Exact name of the Corporation DYER EXCAVATION, INC.			
3. Principal Office Address 13 YAWGOO POND ROAD			City WEST KINGSTON	State RI	Zip 02892
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island EXCAVATION, DIGGING FOUNDATIONS, LEACHFIELDS, DRIVES AND UTILITIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HERBERT GARRY DYER			Vice-President Name JANE SWEET DYER		
Street Address 13 YAWGOO POND ROAD			Street Address 13 YAWGOO POND ROAD		
City WEST KINGSTON	State RI	Zip 02813	City WEST KINGSTON	State RI	Zip 02892
Secretary Name JANE SWEET DYER			Treasurer Name HERBERT GARRY DYER		
Street Address 13 YAWGOO POND ROAD			Street Address 13 YAWGOO ROND ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HERBERT GARRY DYER			Director Name JANE SWEET DYER		
Street Address 13 YAWGOO POND ROAD			Street Address 13 YAWGOO POND ROAD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Director Name NONE			Director Name NONE		
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
			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 HERBERT GARRY DYER				Date X 1/18/21	
Signature of Authorized Representative <i>[Signature]</i>					