



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

STAMP

- 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 61028		2. Exact name of the Corporation Extreme Excavation, Inc.			
3. Principal Office Address 9 Acorn Street			City Johnston	State RI	Zip 02919
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island Operating heavy business equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard D'Abate, Jr.			Vice-President Name		
Street Address 9 Acorn Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Richard D'Abate, Jr.			Treasurer Name Richard D'Abate, Jr.		
Street Address 9 Acorn Street			Street Address 9 Acorn Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Richard D'Abate, Jr.			Director Name		
Street Address 9 Acorn Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			common		
			no par value		
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 Richard D'Abate, Jr., President					Date 1/19/2021
Signature of Authorized Representative <i>Richard D'Abate, Jr. PRES.</i> SIGN DOCUMENT HERE					

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

FEB 01 2021

FORM 630 - Revised: 10/2017

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