State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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	2. Exact name of the Corporation
61028	Extreme Excavation, Inc.

3. Principal Office Address	City	State	Zip
9 Acorn Street	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238290	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	Vice-President Name
Richard D'Abate, Jr.	
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	Director Name
Richard D'Abate, Jr.	
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	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	Date
Richard D'Abate, Jr., President	1/19/2021

Signature of Authorized Representative: Richard D'Abate JR. PRES. SIGN DOCUMENT HERE

FILED

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FEB 0 1 2021

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

FORM 630 - Revised: 10/2017