State of Rhode Island
Department of State - Business Services Division

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.

FILED
FEB 05 2021
BY

1. Entity ID Number	2. Exact name of the Corporation			
000506670	Solid Earth Technologies, Inc.			
3. Principal Office Address: 3 Howe Drive, Unit #3		City: Amherst	State: NH	Zip: 03031
4. NAICS Code: 238990	6. Brief description of the character of business conducted in Rhode Island: Helical Pier and Boardwalk Installations			
5. State of Incorporation: NEW HAMPSHIRE				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MATTHEW STACY			Vice-President Name: MATTHEW STACY		
Street Address: 11 Windermere Road			Street Address: 11 Windermere Road		
City: Moultonborough	State: NH	Zip: 03254	City: Moultonborough	State: NH	Zip: 03254
Secretary Name: MATTHEW STACY			Treasurer Name: MATTHEW STACY		
Street Address: 11 Windermere Road			Street Address: 11 Windermere Road		
City: Moultonborough	State: NH	Zip: 03254	City: Moultonborough	State: NH	Zip: 03254

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
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
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: MATTHEW STACY
Date: 1-19-2021
Signature of Authorized Representative:

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: 08/2020