



State of Rhode Island

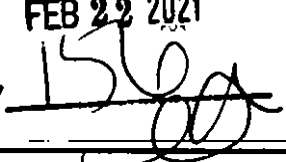
Department of State - Business Services Division

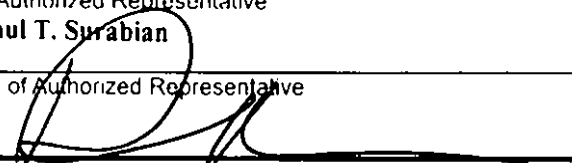
Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED
STAMP****FEB 22 2021**BY 

1. Entity ID Number 7297		2. Exact name of the Corporation Dig Excavating & Equipment Co.			
3. Principal Office Address 90 Douglas Pike			City Smithfield	State RI	Zip 02917-0000
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island general construction and excavation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Paul T. Surabian			Vice-President Name Paul T. Surabian		
Street Address 164 Beacon Avenue			Street Address 164 Beacon Avenue		
City Warwick	State RI	Zip 02889-	City Warwick	State RI	Zip 02889-
Secretary Name Paul T. Surabian			Treasurer Name Paul T. Surabian		
Street Address 164 Beacon Avenue			Street Address 164 Beacon Avenue		
City Warwick	State RI	Zip 02889-	City Warwick	State RI	Zip 02889-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Paul T. Surabian			Director Name none		
Street Address 164 Beacon Avenue			Street Address none		
City Warwick	State RI	Zip 02889-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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 VA: UF		
			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 Paul T. Surabian				Date 1/04/2021	
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