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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 26 2021
BY 3657

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
52789	CLEMENT ROSE EXCAVATING, INC.

3. Principal Office Address	City	State	Zip
35 South Avenue	Tiverton	RI	02878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	To engage in excavation
5. State of Incorporation: RI	

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

President Name: Clement O. Rose, Jr.	Vice-President Name: David Edward Rose
Street Address: 35 South Avenue	Street Address: 35 South Avenue
City: Tiverton, State: RI, Zip: 02878	City: Tiverton, State: RI, Zip: 02878
Secretary Name: Clement O. Rose, Jr.	Treasurer Name: Clement O. Rose, Jr.
Street Address: 35 South Avenue	Street Address: 35 South Avenue
City: Tiverton, State: RI, Zip: 02878	City: Tiverton, State: RI, Zip: 02878

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

Director Name: Clement O. Rose, Jr.	Director Name: None
Street Address: 35 South Avenue	Street Address:
City: Tiverton, State: RI, Zip: 02878	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 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
Clement O. Rose, Jr.	2-18-21
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