RI SOS Filing Number: 202193685330 Date: 3/5/2021 4:00:00 PM



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

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1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation							
000131020	i	Steel Horse Excavation, Inc.							
3. Principal Office Address		<u> </u>	City		State	Zıp			
641 Seven Mile Road			Hope		RI	02831			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
237990	To carry on	To carry on general excavating, earth moving, tractor and contracting business.							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names ar	nd addresses)			Che	ck the box to i	ndicate an attachment			
President Name Luigi A. Marietti, Jr.			Vice-President Name Luigi A. Marietti, Jr.						
Street Address 641 Seven Mile Road			Street Address 641 Seven Mile Road						
^{City} Hope	State RI	Zip 02831	City Hope		State RI	^{Zip} 02831			
Secretary Name Luigi A. Marie	etti, Jr.				ietti, Jr.				
Street Address 641 Seven Mile Road		Street Address 641 Seven Mile Road							
City Hope	State RI	Zip 02831	City Hope		State RI	^{Z₁p} 02831			
8. List ALL directors (names	and addresses)		<u> </u>	Che	ck the box to i	ndicate an attachment			
Director Name None.			Director Name						
Street Address			Street Address						
City	State	Zıp	City	 ·	State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Issued		Che	Check the box to indicate an attachment				
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERILS PAR VALUE					
Department of State. Changes require an additional filing.		600		CNP		0.00			
11. This report must be execu	uted on behalf of the	corporation by an	authorized repres	I sentative. If the co	rporation is in	the hands of a receiver or			
trustee, this report must be e	xecuted on behalf o	f the corporation by	the receiver or tr	rustee.					
Under penalty of perjury, I				ncluding any acc	ompanying s	chedules and			
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date			
Luigi A. Marietti, Ir., President					03/02 /2021				
Signature of Authorized Repr	resentative	. /			-				
Juga &	Marie	III.		_					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov