RI SOS Filing Number: 202195578900 Date: 4/7/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

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

APR 07 2021

BY 12234 DS

1. Entity ID Number	2 Exact name of the Corporation
98781	Langford Bros. Excavating, Inc.

3. Principal Office Address	City	State	Zip
212 Hope Road	Cranston	RI	02921

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238910	Excavating
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Michael E. Langford	Michael E. Langford
Street Address: 212 Hope Road	Street Address: 212 Hope Road
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921
Secretary Name: Michael E. Langford	Treasurer Name: Michael E. Langford
Street Address: 212 Hope Road	Street Address: 212 Hope Road
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921

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

Director Name	Director Name
Michael E. Langford	
Street Address: 212 Hope Road	Street Address:
City: Cranston, State: RI, Zip: 02921	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

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
Michael E. Langford	

Signature of Authorized Representative: Michael E. Langford SIGN DOCUMENT HERE

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