State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 APR 15 PM 12: 36

1. Entity ID Number	2. Exact name of the Corporation		
000066774	M.C. Sousa Trucking & Excavation, Inc.		
3. Principal Office Address	City	State	Zip
50 Broadcommon Road	Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238910	To engage in the business of trucking and excavation and for any other lawful purpose or purposes for which a corporation may be formed under Rhode Island General Laws.		
5. State of Incorporation			
Rhode Island			

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

President Name	Street Address	City	State	Zip
Manuel C. Sousa	50 Broadcommon Road	Bristol	RI	02809

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Manuel C. Sousa	50 Broadcommon Road	Bristol	RI	02809

Treasurer Name	Street Address	City	State	Zip
Manuel C. Sousa	50 Broadcommon Road	Bristol	Ri	02809

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

Director Name	Street Address	City	State	Zip
Manuel C. Sousa	50 Broadcommon Road	Bristol	RI	02809

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	STK	$1.0000

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
Virginia Amaral, Executrix of the Estate of Manuel C. Sousa	4/14/2021

Signature of Authorized Representative: Virginia Amaral Executrix

FILED

APR 15 2021

AA. 1:03PM

Z4372

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov