



State of Rhode Island

**Department of State - Business Services Division**

**Annual Report for the year:** 2015  
**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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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1. Entity ID Number 000066774		2. Exact name of the Corporation M.C. Sousa Trucking & Excavation, Inc.			
3. Principal Office Address 50 Broadcommon Road			City Bristol	State RI	Zip 02809
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Manuel C. Sousa			Vice-President Name		
Street Address 50 Broadcommon Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Manuel C. Sousa			Treasurer Name Manuel C. Sousa		
Street Address 50 Broadcommon Road			Street Address 50 Broadcommon Road		
City Bristol	State RI	Zip 02809	City Bristol	State Ri	Zip 02809
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Manuel C. Sousa			Director Name		
Street Address 50 Broadcommon Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			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 Virginia Amaral, Executrix of the Estate of Manuel C. Sousa				Date 4/17/21	
Signature of Authorized Representative <i>Virginia Amaral</i>					

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

**FILED**  
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