



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2009
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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 BUS SVCS DIV

2021 APR 15 PM 12:37

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) Check the box to indicate an attachment ☐														
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) Check the box to indicate an attachment ☐														
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 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 ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>STK</td> <td>\$1.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	STK	\$1.0000			
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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>														

FILED

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