



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2019**  
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

2021 AUG 18 AM 11:20

1. Entity ID Number <b>6267</b>		2. Exact name of the Corporation <b>Gordon Excavating, Inc.</b>			
3. Principal Office Address 230 South Main Street, Apt. #9			City Providence	State RI	Zip 02903
4. NAICS Code 237990		6. Brief description of the character of business conducted in Rhode Island General excavating and construction			
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 Donald Gordon			Vice-President Name		
Street Address 230 South Main Street, Apt. #9			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Donald Gordon			Director Name		
Street Address 230 South Main Street, Apt. #9			Street Address		
City Providence	State RI	Zip 02903	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
		200		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. <b>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.</b>					
Name of Authorized Representative <i>Donald Gordon</i>					Date 7/21/21
Signature of Authorized Representative <i>Donald Gordon</i>					

**FILED**

AUG 18 2021

BY *AA* 11:30 AM