RI SOS Filing Number: 202328406740 Date: 2/14/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

NECETYED R.I. DEPTLOF STATE BUS SVCS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

2023 FFB 14 AM 9: 11

1. Entity ID Number	5.00 fee if form is not filed by May 31. 2. Exact name of the Corporation						
131020	t t	Steel Horse Excavation, Inc.					
3. Principal Office Address	1		City		State	Zip	
641 Seven Mile Road			Hope		RI	02831	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
237990	To carry	To carry on a general excavating, earth-moving, tractor and contractor					
5. State of Incorporation	business	business.					
RI							
7. List ALL officers (names and	addresses)				k the box to i	ndicate an attachment	
President Name Luigi A. Mar	Vice-President Name Luigi A. Marietti, Jr.						
Street Address 641 Seven Mile Road			Street Address 641 Seven Mile Road				
^{City} Hope	State RI	^{Zip} 02831	^{City} Hope		State RI	^{Zip} 02831	
Secretary Name Luigi A. Mar	Marietti, Jr.			^{ne} Luigi A. Marietti, Jr.			
Street Address 641 Seven Mile Road			Street Address 641 Seven Mile Road				
^{Cily} Hope	State RI	^{Zıp} 02831	City Hope		State RI	^{Zip} 02831	
8. List ALL directors (names an	d addresses)	ı		Chec	k the box to i	ndicate an attachment 🔲	
Director Name None.			Director Nam	ne			
Street Address			Street Address				
City	State	Ζιρ	City		Slate	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	Stale	Zip	City		State	Zip	
9. Shares Authorized		10. Shares iss	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF		1	CLASS/SERIES PAR VALUE		
		600		CNP		0.00	
Changes require an additional fil							
11. This report must be execute					poration is in	the hands of a receiver or	
trustee, this report must be exe Under penalty of perjury, I de	cuted on behalf o	of the corporation by	the receiver or	trustee.	omnanvina e	chedules and	
statements, and that all state	ments contained						
Name of Authorized Representative Luigi A. Marietti, Jr.					Date 02/08/2022		
Signature of Authorized Repres	septative		FILED		i		
Jun Sould	watte.	g. '	4000			·	
	0	55	B 1 4 5050				

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: 2/2023