



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

2023 FEB 14 AM 9:11

1. Entity ID Number 131020		2. Exact name of the Corporation Steel Horse Excavation, Inc.			
3. Principal Office Address 641 Seven Mile Road			City Hope	State RI	Zip 02831
4. NAICS Code 237990		6. Brief description of the character of business conducted in Rhode Island To carry on a general excavating, earth-moving, tractor and contractor business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Luigi A. Marietti, Jr.			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. Marietti, Jr.			Treasurer 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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		CNP	0.00
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 Luigi A. Marietti, Jr.				Date 02/08/2022	
Signature of Authorized Representative <i>Luigi A. Marietti, Jr.</i>					

FILED

FEB 14 2023

BY 4679
AA

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