



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.

STAMP

 RECEIVED
 SECRETARY OF STATE
 1. DEPT. USE ONLY
 2023 FEB 14 4:00 PM

1. Entity ID Number 000054348		2. Exact name of the Corporation Pond View Excavation Corp.			
3. Principal Office Address 50 French Street			City Rehoboth	State MA	Zip 02769
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island residential and commercial construction			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kenneth J. Foley			Vice-President Name Kenneth J. Foley		
Street Address 50 French Street			Street Address 50 French Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Linda K. Foley			Treasurer Name Linda K. Foley		
Street Address 50 French Street			Street Address 50 French Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kenneth J. Foley			Director Name Linda K. Foley		
Street Address 50 French Street			Street Address 50 French Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE 100 Common Shares with 0 Par Value		
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 Kenneth J. Foley				Date 2-2-2023	
Signature of Authorized Representative <i>Kenneth J. Foley</i>				FILED	

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

 FEB 14 2023
 BY ML HD89P