



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

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1. DEPT. USE ONLY  
FEB 14 2023

2023 FEB 14 AM 11:02

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

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