



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.

FEB 08 2023

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1. Entity ID Number 000139307		2. Exact name of the Corporation Foster Excavation INC.	
3. Principal Office Address 21 Green Street Unit 6		City Johnston	State RI
		Zip 02919	
4. NAICS Code 238910	6. Brief description of the character of business conducted in Rhode Island To provide excavation services		
5. State of incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lucas Dallesandro		Vice-President Name Lucas Dallesandro	
Street Address 21 Green Street Unit 6		Street Address 21 Green Street Unit 6	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Lucas Dallesandro		Treasurer Name Lucas Dallesandro	
Street Address 21 Green Street Unit 6		Street Address 21 Green Street Unit 6	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Lucas Dallesandro		Director Name	
Street Address 21 Green Street Unit 6		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS SERIES	
		PAR VALUE	
		8,000	
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 Lucas Dallesandro		Date 1/26/23	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov