



State of Rhode Island
Department of State - Business Services Division

REC'D: RIOS BSD
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Annual Report for the year: 2024
Corporation

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

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 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		
			Common Shares		
			no 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 1-22-2024
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.n.gov

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