



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDGERS BLDG
24 APR 10 AM 10:48

STAMP

FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001733871		2. Exact name of the Corporation R. LANNI EXCAVATION COMPANY, INC.			
3. Principal Office Address 321 Twin River Road			City Lincoln	State RI	Zip 02865
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Excavating, earthmoving, or land clearing contractors			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert G. Lanni, Sr.			Vice-President Name		
Street Address 28 Lennon Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Robert G. Lanni, Sr.			Treasurer Name Robert G. Lanni, Sr.		
Street Address 28 Lennon Road			Street Address 28 Lennon Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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/SERIALS	
		2000		CNP	
				PAR VALUE	
				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 Robert G. Lanni, Sr.				Date 3-7-24	
Signature of Authorized Representative <i>Robert Lanni</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

APR 10 2024
BY ML 33264