



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

APR 23 2024

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- 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 797811			2. Exact name of the Corporation RMT Excavating, Inc.		
3. Principal Office Address 293 Market Street			City Warren	State RI	Zip 02885
4. NAICS Code 237110		6. Brief description of the character of business conducted in Rhode Island To own and operate an excavating company and all legally related endeavors			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald Moran			Vice-President Name Ronald Moran		
Street Address 293 Market Street			Street Address 293 Market Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Antonette Moran			Treasurer Name Ronald Moran		
Street Address 6 Woburn Street			Street Address 293 Market Street		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald Moran			Director Name		
Street Address 293 Market Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Ronald Moran					Date 04/11/24
Signature of Authorized Representative 					