



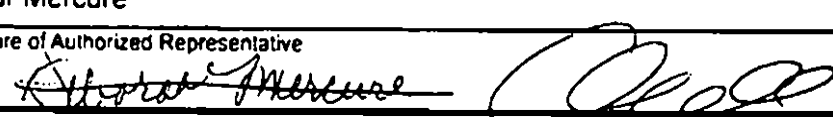
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

MAY 30 2024
BY [Signature]

- 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 000308344		2. Exact name of the Corporation Northern Excavators Inc			
3. Principal Office Address 344 George Washington Highway			City Smithfield	State RI	Zip 02917
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Excavation and Utilities Installation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arthur Mercure			Vice-President Name Deborah Mercure		
Street Address 37 Dickinson Avenue			Street Address 37 Dickinson Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Deborah Mercure			Treasurer Name Paul Mercure		
Street Address 37 Dickinson Avenue			Street Address 37 Dickinson Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur Mercure			Director Name		
Street Address 37 Dickinson Avenue			Street Address		
City North Providence	State RI	Zip 02904	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		PAR VALUE
			300	CNP	\$0.000
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 Arthur Mercure				Date 5/06/2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov