



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

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| | | | | | |
|--|--------------------|--|---|--------------------|--------------------------|
| 1. Entity ID Number 000506670 | | 2. Exact name of the Corporation Solid Earth Technologies, Inc. | | | |
| 3. Principal Office Address 3 Howe Drive, Unit #3 | | | City Amherst | State NH | Zip 03031 |
| 4. NAICS Code 238990 | | 6. Brief description of the character of business conducted in Rhode Island Helical Pier and Boardwalk Installations | | | |
| 5. State of Incorporation NEW HAMPSHIRE | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MATTHEW STACY | | | Vice-President Name MATTHEW STACY | | |
| Street Address 65 Captain Bannon Circle | | | Street Address 65 Captain Bannon Circle | | |
| City Merrimack | State NH | Zip 03054 | City Merrimack | State NH | Zip 03054 |
| Secretary Name MATTHEW STACY | | | Treasurer Name MATTHEW STACY | | |
| Street Address 65 Captain Bannon Circle | | | Street Address 65 Captain Bannon Circle | | |
| City Merrimack | State NH | Zip 03054 | City Merrimack | State NH | Zip 03054 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name NONE | | | Director Name NONE | | |
| 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 | | | |
| | | 100 | COMMON | NO PAR | |
| 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 MATTHEW STACY | | | | | Date 1.20.2025 |
| Signature of Authorized Representative | | | | | |

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

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