RI SOS Filing Number: 202574272270 Date: 5/30/2025 4:00:00 PM

State of Rhode Island				, ,	FILE		17	
State of Rhode Island Department of State - Business Services Division MAY 3 0 2025 Annual Report for the year: 2025							:00	
Corporation				R.I. DEP PC	CTAT(Ψ	
→ Filing period: February 1 - N → Filing Fee: \$50.00	May 1			BUS SVC	SPY			
→ Penalty: Additional \$25.00 fe	e if form is not fi	iled by May 31.		2022 444 30	مىلىم	24		
1. Entity ID Number 2. Exact name of the Corporation								
797811 RMT Excavating, Inc.								
3. Principal Office Address	City		State		Zip			
293 Market Street	Warren	l	RI		02885			
4. NAICS Code	6. Brief description	on of the characte	r of business	conducted in Rhode Is	land			
237110	To own and operate an excavating company and all legally related							
5. State of Incorporation	endeavors							
RI	l i							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Ronald Moran				Vice-President Name Ronald Moran				
Street Address 293 Market Street			Sileer Addit	Street Address 293 Market Street				
^{City} Warren	State RI	^{Zip} 02885	vvarren			RI Zip 02		
Secretary Name Antonette Moran				Treasurer Name Ronald Moran				
Street Address 6 Woburn Stree	Street Address 293 Market Street							
City Bristol	State RI	^{Zip} 02809	^{City} Warren		State F	श	Zw 02885	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							chment 🗆	
Director Name Ronald Moran			Director Name					
Street Address 293 Market Street Street					-			
^{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						cate an att	tachment 🔲	
This information is currently of record in the Department of State.		100		CLASS/SERIES Common		No Par		
Changes require an additional filing.				Common		140 1 41		
11. This report must be a	n habelf of the	1	Mb		A!	- Ab - 1	11:	
	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	Date 5/15/2025		
Signature of Authorized Representative					1 -1101000			
for Mon								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov