



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 82393		2. Name of Corporation C/S EXCAVATING	
3. Street Address Principal Business Office PO Box 698			City CHARLESTOWN
4. Business Phone No. 401-527-6957		State RI	Zip 02813
5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island EXCAVATING			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROBERT V. STEADMAN		Vice President Name CAREN STEADMAN	
Street Address PO Box 698		Street Address PO Box 698	
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN
Secretary Name ROBERT V. STEADMAN		Treasurer Name CAREN STEADMAN	
Street Address PO Box 698		Street Address PO Box 698	
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name ROBERT V. STEADMAN		Director Name CAREN STEADMAN	
Street Address PO Box 698		Street Address PO Box 698	
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 1000	Class/Series COMMON
			Par Value NO-PAR

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.

**FILED**

File Date: MAR 01 2011  
Check No.:  
By: BY 10182  
FOR SECRETARY OF STATE USE ONLY

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.

Signature: Robert V. Steadman Date: 2-26-11  
Print or Type Name: ROBERT V. STEADMAN  
Title: PRESIDENT