



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MINERAL RESOURCES
625 BROADWAY - 3RD FLOOR, ALBANY, NEW YORK 12233-6500

OFFICE FILE NUMBER

ORGANIZATIONAL REPORT

INCOMPLETE FORMS ARE NOT ACCEPTABLE AND WILL BE RETURNED FOR COMPLETION

<p>1. FULL NAME AND COMPLETE MAILING ADDRESS OF THE ENTITY, INCLUDE NAME AND TITLE TO WHOM ALL CORRESPONDENCE SHOULD BE SENT.</p> <p>Eagle Harbor Sand & Gravel, Inc. 10830 Blair Road Medina, NY 14103</p> <p>Thomas Biamonte, Vice-President</p> <p>TELEPHONE (585) 798-4501</p> <p>FAX NUMBER (585) 798-1451</p>	<p>2. FULL NAME AND COMPLETE MAILING ADDRESS OF AGENT IN NEW YORK WHO CAN BE SERVED ORDERS, NOTICES AND PROCESSES OF THE DEPARTMENT OR ANY COURT OF LAW. POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE.</p> <p>Thomas Biamonte Eagle Harbor Sand & Gravel, Inc. 10830 Blair Road Medina, NY 14103</p> <p>TELEPHONE (585) 798-4501</p>												
<p>3. TYPE OF ACTIVITY (Check those that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> PRODUCTION—Oil, Gas, Injection or Geothermal Well(s)</td> <td><input type="checkbox"/> SOLUTION MINING—Own/Operate Facility</td> </tr> <tr> <td><input type="checkbox"/> STORAGE—Underground Gas or LPG Facility</td> <td><input type="checkbox"/> BRINE DISPOSAL—Own/Operate Facility</td> </tr> <tr> <td><input type="checkbox"/> PURCHASING—Of Oil or Gas from Others</td> <td><input type="checkbox"/> STRATIGRAPHIC—Own Well or Hole</td> </tr> <tr> <td><input type="checkbox"/> TRANSPORTATION—By Truck or Pipeline for Others</td> <td><input checked="" type="checkbox"/> SURFACE MINING—Own/Operate Facility</td> </tr> <tr> <td><input type="checkbox"/> SALVAGE—Plug and Abandon Wells for Others</td> <td><input type="checkbox"/> UNDERGROUND MINING—Own/Operate Facility</td> </tr> <tr> <td><input type="checkbox"/> DRILLING—Drill Wells for Others</td> <td></td> </tr> </table>		<input type="checkbox"/> PRODUCTION—Oil, Gas, Injection or Geothermal Well(s)	<input type="checkbox"/> SOLUTION MINING—Own/Operate Facility	<input type="checkbox"/> STORAGE—Underground Gas or LPG Facility	<input type="checkbox"/> BRINE DISPOSAL—Own/Operate Facility	<input type="checkbox"/> PURCHASING—Of Oil or Gas from Others	<input type="checkbox"/> STRATIGRAPHIC—Own Well or Hole	<input type="checkbox"/> TRANSPORTATION—By Truck or Pipeline for Others	<input checked="" type="checkbox"/> SURFACE MINING—Own/Operate Facility	<input type="checkbox"/> SALVAGE—Plug and Abandon Wells for Others	<input type="checkbox"/> UNDERGROUND MINING—Own/Operate Facility	<input type="checkbox"/> DRILLING—Drill Wells for Others	
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<p>4. STATE WHETHER THE ENTITY IS A CORPORATION, ASSOCIATION, PARTNERSHIP, INDIVIDUAL, PUBLIC AUTHORITY OR GOVERNMENTAL AGENCY. IF FOREIGN CORPORATION, GIVE STATE AND DATE OF INCORPORATION AND DATE OF AUTHORIZATION TO DO BUSINESS IN NEW YORK STATE. IF PARTNERSHIP, STATE WHETHER GENERAL OR LIMITED AND COUNTY OF FILING. IF DBA, GIVE COUNTY OF FILING.</p> <p>S-Corporation</p>	<p>5. IF A NAME CHANGE, GIVE COMPLETE NAME AND ADDRESS OF PREVIOUS ENTITY.</p>												
<p>6. IF ENTITY IS A CORPORATION OR ASSOCIATION, LIST ALL DIRECTORS AND ALL OFFICERS. IF PARTNERSHIP, LIST ALL GENERAL AND ALL LIMITED PARTNERS. ATTACH ADDITIONAL SHEETS IF NECESSARY.</p> <table border="0"> <thead> <tr> <th>NAME</th> <th>TITLE</th> </tr> </thead> <tbody> <tr> <td>Thomas Biamonte</td> <td>Vice President</td> </tr> <tr> <td>Paul Pass</td> <td>President</td> </tr> </tbody> </table>	NAME	TITLE	Thomas Biamonte	Vice President	Paul Pass	President	<p>7. LIST ALL PERSONS AUTHORIZED BY THE ENTITY TO SIGN ALL SUBMITTALS TO THE DEPARTMENT.</p> <table border="0"> <thead> <tr> <th>NAME</th> <th>TITLE</th> </tr> </thead> <tbody> <tr> <td>Thomas Biamonte</td> <td>Vice President</td> </tr> <tr> <td>Paul Pass</td> <td>President</td> </tr> </tbody> </table>	NAME	TITLE	Thomas Biamonte	Vice President	Paul Pass	President
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<p>I hereby affirm under penalty of perjury that the information provided in the report is true to the best of my knowledge and belief. I am aware false statements made in this report are punishable as a Class A misdemeanor under Section 210.45 of the Penal Law.</p>													
<p>TYPE OR PRINT NAME OF AUTHORIZED PERSON</p> <p>Thomas Biamonte</p>	<p>SWORN TO AND SUBSCRIBED</p> <p>BEFORE ME, THIS <u>1ST</u></p> <p>DAY OF <u>February</u> 20<u>23</u></p> <p>NOTARY PUBLIC <u>April Biamonte</u></p> <p>APRIL L. BIAMONTE NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN NIAGARA COUNTY My Commission Expires December 6, 20<u>25</u></p>												
<p>SIGNATURE</p> <p><u>Thomas Biamonte</u></p>	<p>DATE</p> <p><u>2/1/23</u></p>												