



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 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

**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(e), 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. 13698	2. Name of Corporation The H-N Trucking Co., Inc.
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3. Street Address Principal Business Office 45 Sharpe Drive	City Cranston	State RI	Zip 02920
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4. Business Phone No. 401-463-7020	5. State of Incorporation Rhode Island
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5. Brief Description of the Character of Business Conducted in Rhode Island  
trucking

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name William P. Considine, Jr.			Vice President Name William P. Considine, Jr.		
Street Address 45 Sharpe Drive			Street Address 45 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name James J. McGair, Esq.			Treasurer Name William P. Considine, Jr.		
Street Address 128 Dorrance Street, Suite 350			Street Address see above		
City Providence	State RI	Zip 02903	City	State	Zip

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name William P. Considine, Jr.			Director Name		
Street Address see above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**9. SHARES AUTHORIZED**

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.	<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>	
	ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED	
	Number of Shares 100	Class/Series common
	Par Value no par value	

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.

*James J. McGair* 2-22-12  
Signature Date  
James J. McGair, Esq.  
Print or Type Name  
Secretary  
Title

**FILED**  
File Date FEB 24 2012  
Check No. \_\_\_\_\_  
By: *MMC*  
8490  
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