STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **58893**	2. Exact name of the Corporation **H & H Trucking, Inc.**		
3. Principal office address **PO Box 3752**	City **Providence**	State **RI**	Zip **02909**
4. Business Phone No. **401-946-3900**	5. State of Incorporation **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island **Trucking.**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name **William E. Hogan, III**			Vice-President Name **Ryan Hogan**		
Street Address **81 Pilsudski Street**			Street Address **81 Pilsudski Street**		
City **Providence**	State **RI**	Zip **02909**	City **Providence**	State **RI**	Zip **02909**
Secretary Name **Ryan Hogan**			Treasurer Name **William E. Hogan, III**		
Street Address **81 Pilsudski Street**			Street Address **81 Pilsudski Street**		
City **Providence**	State **RI**	Zip **02909**	City **Providence**	State **RI**	Zip **02909**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name **William E. Hogan, III**			Director Name **Ryan Hogan**		
Street Address **81 Pilsudski Street**			Street Address **81 Pilsudski Street**		
City **Providence**	State **RI**	Zip **02909**	City **Providence**	State **RI**	Zip **02909**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1,000	Common	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.

FILED

File Date FEB 27 2012
Check No
By: By 4713
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 of Authorized Representative — Date 2/22/2012

William E. Hogan, III
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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