



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **13698** 2. Name of Corporation **The H-N Trucking Co., Inc.**  
3. Street Address Principal Business Office **45 Sharpe Drive** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **401-463-7020** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6638**  
7. Brief Description of the Character of Business Conducted in Rhode Island **trucking**

**8. 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 **same**  
City **Cranston** State **RI** Zip **02920** City  State  Zip

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

**9. 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

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares **100 COMM NO PAR VALUE** Class/Series  Par Value

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares **100** Class/Series **common** Par Value **no par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 6 9 8 \*

File Date: 2-7-02  
Check No.: 39584  
By: [Signature]

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 Officer: [Signature] Date: 1/10/02  
James J. McGair, Esq.  
Print or Type Name of Officer

Secretary  
Title of Officer  
5  
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