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 2013

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.	2. Exact name of the Corporation		
138873	HAMMER LANE TRUCKING, INC.		
3. Principal office address: 6 BASS ROCK ROAD	City: CAROLINA	State: RI	Zip: 02812
4. Business Phone No.: 401-499-0444	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: DRIVE TRACTOR TRAILER			

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

President Name: NORMAN L. POTTER			Vice-President Name: VACANT		
Street Address: 6 BASS ROCK RD			Street Address:		
City: CAROLINA	State: RI	Zip: 02812	City:	State:	Zip:
Secretary Name: NORMAN L. POTTER			Treasurer Name: NORMAN L. POTTER		
Street Address: 6 BASS ROCK RD			Street Address: 6 BASS ROCK ROAD		
City: CAROLINA	State: RI	Zip: 02812	City: CAROLINA	State: RI	Zip: 02812

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

Director Name			Director Name		
Street Address			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	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	CLASS/SERIES	PAR VALUE
	200 SH.	COMMON	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.

FOR SECRETARY OF STATE USE ONLY
File Date _____
Check No _____
By: _____

FILED
JAN 18 2013
1028
BY

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: 1-17-13

NORMAN POTTER
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012