



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. 276357		2. Exact name of the Corporation C. HAWK INC			
3. Principal office address 236 ADAMS ST		City WARWICK		State RI	Zip 02888
4. Business Phone No. 401-640-2425		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island DELIVERY, TRANSPORTATION, PLOWING, RETAIL SALES, AND ANY OTHER BUSINESS PURPOSE ALLOWED BY STATE LAW.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name CHRISTOPHER BRENNAN			Vice-President Name KEVIN HAWKINS		
Street Address 71 FORTH AVE			Street Address 236 ADAMS ST		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name CHRISTOPHER BRENNAN			Treasurer Name KEVIN HAWKINS		
Street Address 71 FORTH AVE			Street Address 236 ADAMS ST		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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) <input type="checkbox"/>		
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
			2	A COMMON	.01

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.

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

FILED

FEB 12 2013

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.

Dave Huntoon **01/17/2013**
Signature of Authorized Representative Date

DAVE HUNTOON, CPA

Print or Type Name of Authorized Representative

By *MNC*

CH #1220