



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 **2014**

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) <input type="checkbox"/>				
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
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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

William E. Hogan, III

Print or Type Name of Authorized Representative

Date

3/13/14