



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. 650865		2. Exact name of the Corporation HI WAY SAFETY SYSTEMS, INC.		
3. Principal office address 9 ROCKVIEW WAY		City ROCKLAND	State MA	Zip 02370
4. Business Phone No. 781-982-9229		5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island PAVEMENT MARKING CONTRACTOR				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name KATHY DELONG		Vice-President Name KATHY DELONG		
Street Address 39 FARMSIDE DRIVE		Street Address 39 FARMSIDE DRIVE		
City PEMBROKE	State MA	Zip 02359	City PEMBROKE	State MA
Secretary Name KATHY DELONG		Treasurer Name KATHY DELONG		
Street Address 39 FARMSIDE DRIVE		Street Address 39 FARMSIDE DRIVE		
City PEMBROKE	State MA	Zip 02359	City PEMBROKE	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name KATHY DELONG		Director Name KENNETH HORN		
Street Address 39 FARMSIDE DRIVE		Street Address 39 FARMSIDE DRIVE		
City PEMBROKE	State MA	Zip 02359	City PEMBROKE	State MA
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	
100			0	

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

Form No. 630
Revised: 01/2012

FILED
JUN 06 2014
 By 225807
A.A. 10:23 A.M.

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 **6/5/14**
KATHY DELONG
 Print or Type Name of Authorized Representative