



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>00143105</b>		2. Exact name of the Corporation <b>HIGHWAY DRIVER LEASING CORP</b>			
3. Principal Office Address <b>1212 HANCOCK STREET #320</b>			City <b>QUINCY</b>	State <b>MA</b>	Zip <b>02169</b>
4. Business Phone Number <b>617-471-7778</b>			5. State of Incorporation <b>MASSACHUSETTS</b>		
6. Brief description of the character of business conducted in Rhode Island <b>EMPLOYEE LEASING</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LINDA GREENBERG</b>			Vice-President Name <b>LINDA GREENBERG</b>		
Street Address <b>221 COLUMBUS AVE.</b>			Street Address <b>221 COLUMBUS AVE.</b>		
City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02116</b>	City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02116</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LINDA GREENBERG</b>			Director Name		
Street Address <b>221 COLUMBUS AVE.</b>			Street Address		
City <b>BOSTON</b>	State <b>MA</b>	Zip <b>02116</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>CNP</b>	<b>0</b>
11. 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. <b>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.</b>					
Name of Authorized Representative <b>Linda Greenberg</b>					Date <b>7/6/16</b>
Signature of Authorized Representative <i>Linda Greenberg</i> <b>SIGN DOCUMENT HERE</b>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

JUL 11 2016

BY KL 7184