



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

Annual Report for the year: 2017
Corporation

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 MAR -2 AM 8:42

1. Entity ID Number 19666		2. Exact name of the Corporation C. PLACE TRUCKING, INC.			
3. Principal Office Address VICTORY HIGHWAY			City CHEPACHET	State RI	Zip 02814
4. NAICS Code 48-49		6. Brief description of the character of business conducted in Rhode Island GENERAL TRUCKING AND TRANSPORTATION BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CRAIG PLACE			Vice-President Name DONNA PLACE		
Street Address VICTORY HIGHWAY			Street Address VICTORY HIGHWAY		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Secretary Name DONNA PLACE			Treasurer Name DONNA PLACE		
Street Address VICTORY HIGHWAY			Street Address VICTORY HIGHWAY		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name CRAIG PLACE		
Street Address			Street Address VICTORY HIGHWAY		
City	State	Zip	City CHEPACHET	State RI	Zip 02814
Director Name			Director Name DONNA PLACE		
Street Address			Street Address VICTORY HIGHWAY		
City	State	Zip	City CHEPACHET	State RI	Zip 02814
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1100		PAR VALUE	
				○	
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. 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.					
Name of Authorized Representative CRAIG PLACE, PRESIDENT				Date / 2-27-17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAR 2 2017

BY le 297287