



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.

1. Entity ID Number 001660903		2. Exact name of the Corporation Hockenbergs Equipment and Supply Company Inc			
3. Principal Office Address 14063 Cornhusker Road			City Omaha	State NE	Zip 68138
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island We sell kitchen equipment and supplies. We have one employee in the State of Rhode Island.			
5. State of Incorporation Nebraska					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tom Schrack Jr			Vice-President Name Paul W Parr and Timothy Schrack		
Street Address 14063 Cornhusker Rd			Street Address 14063 Cornhusker Rd		
City Omaha	State NE	Zip 68138	City Omaha	State NE	Zip 68138
Secretary Name Otis Carter			Treasurer Name George Courtot		
Street Address 505 Collins St			Street Address 505 Collins St		
City S. Attleboro	State MA	Zip 02703	City S Attleboro	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Same as Above			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 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		PAR VALUE
			303.3	A	0.00
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 Tom Schrack Jr				Date 3-13-2017	
Signature of Authorized Representative SIGN DOCUMENT HERE					

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
MAR 20 2017
 BY 354506 DS