



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 000037396		2. Exact name of the Corporation EDDY'S TRUCKING CO., INC.			
3. Principal Office Address 42 LEGION MEMORIAL DRIVE			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island GENERAL TRUCKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN A LYNCH			Vice-President Name		
Street Address 42 LEGION MEMORIAL DRIVE			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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
		100		COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative JOHN A. LYNCH				Date 12/29/2016	
Signature of Authorized Representative <i>John A. Lynch</i>				FILED DEC 29 2016	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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