



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

Annual Report for the year: 2019
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 155633		2. Exact name of the Corporation OLSON BROTHER'S HAULING, INC.			
3. Principal Office Address 15 FISHER STREET			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 562119		6. Brief description of the character of business conducted in Rhode Island HAULING OF CONSTRUCTION/LANDSCAPE MATERIALS			
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 GORDON OLSON			Vice-President Name GREGORY OLSON		
Street Address 41 MEADOWBROOK LANE			Street Address 15 FISHER STREET		
City NORTON	State MA	Zip 02766	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name GORDON OLSON			Treasurer Name GREGORY OLSON		
Street Address 41 MEADOWBROOK LANE			Street Address 15 FISHER STREET		
City NORTON	State MA	Zip 02766	City EAST PROVIDENCE	State RI	Zip 02914
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 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 GORDON OLSON					Date 1-8-18
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

JAN 11 2019

FORM 630 - Revised: 10/2016

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