



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 138873		2. Exact name of the Corporation HAMMER LAKE TRUCKING INC.			
3. Principal Office Address 29 Spring Street		City HOPKINSON		State RI	Zip 02832
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION OF GOODS, (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 NORMAN POTTER			Vice-President Name		
Street Address 29 Spring Street			Street Address SAME		
City HOPKINSON	State RI	Zip 02832	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 NORMAN POTTER			Director Name		
Street Address 29 Spring Street			Street Address		
City HOPKINSON	State RI	Zip 02832	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			200 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 NORMAN POTTER					Date 1-5-19
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFEB 01 2019
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