



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.

**FILED**

**FEB 11 2019**

BY 106

|   |                    |  |   |                    |                          |
|---|--------------------|--|---|--------------------|--------------------------|
| 1. Entity ID Number<br><b>1688324</b>   |                    | 2. Exact name of the Corporation<br><b>HT TRUCKING, INC</b>  |   |                    |                          |
| 3. Principal Office Address<br><b>8 GRAY STREET</b>   |                    |  | City<br><b>BRISTOL</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>      |
| 4. NAICS Code<br><b>484220</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>DUMP TRUCK SERVICES IN THE CONSTRUCTION INDUSTRY</b> |   |                    |                          |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                    |  |   |                    |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                          |
| President Name<br><b>HELIO CORDEIRO</b>   |                    |  | Vice-President Name   |                    |                          |
| Street Address<br><b>8 GRAY STREET</b>  |                    |  | Street Address  |                    |                          |
| City<br><b>BRISTOL</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>  | City  | State              | Zip                      |
| Secretary Name<br><b>TIFFANY CORDEIRO</b>   |                    |  | Treasurer Name<br><b>TIFFANY CORDEIRO</b>   |                    |                          |
| Street Address<br><b>8 GRAY STREET</b>  |                    |  | Street Address<br><b>8 GRAY STREET</b>  |                    |                          |
| City<br><b>BRISTOL</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>  | City<br><b>BRISTOL</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                          |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                          |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE                |
|   |                    |  | 1,000   | COMMON             | .01                      |
| 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. |                    |  |   |                    |                          |
| <b>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.</b>                                       |                    |  |   |                    |                          |
| Name of Authorized Representative<br><b>HELIO CORDEIRO</b>  |                    |  |   |                    | Date<br><b>1/11/2019</b> |
| Signature of Authorized Representative<br><i>Helio P Cordeiro</i>   |                    |  |   |                    |                          |

**MAIL TO:**  
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