



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

MAR 13 2019

BY

005259

1. Entity ID Number 58893		2. Exact name of the Corporation H & H Trucking, Inc.												
3. Principal Office Address PO Box 3752			City Providence	State RI	Zip 02909									
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Trucking.												
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 William E. Hogan, III			Vice-President Name Ryan Hogan											
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
Secretary Name Ryan Hogan			Treasurer Name William E. Hogan, III											
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
Director Name William E. Hogan, III			Director Name Ryan Hogan											
Street Address 81 Pilsudski Street			Street Address 81 Pilsudski Street											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>No par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	No par value			
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1,000	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 William E. Hogan, III			Date 3/17/19											
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