



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 27 2019

BY BoBo

1. Entity ID Number 000017214		2. Exact name of the Corporation HOGAN MOVERS, INC.			
3. Principal Office Address 118 HILLCREST DRIVE			City CRANSTON	State RI	Zip 02921
4. NAICS Code 484210		6. Brief description of the character of business conducted in Rhode Island MOVING COMPANY.			
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 ANN YSENBART			Vice-President Name ANN YSENBART		
Street Address 118 HILLCREST DRIVE			Street Address 118 HILLCREST DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name ANN YSENBART			Treasurer Name ANN YSENBART		
Street Address 118 HILL CREST DRIVE			Street Address 118 HILLCREST DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
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.					
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 ANN YSENBART					Date 12/28/18
Signature of Authorized Representative <i>Ann Ysenbart</i> SIGN DOCUMENT HERE!					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov