



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 19666		2. Exact name of the Corporation C. Place Trucking, Inc.			
3. Principal Office Address 24 Victory Highway			City Chepachet	State RI	Zip 02814
4. NAICS Code 484110	6. Brief description of the character of business conducted in Rhode Island General Trucking and Transportation Business				
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 Craig Place			Vice-President Name Donna Place		
Street Address 24 Victory Highway			Street Address 24 Victory Highway		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Donna Place			Treasurer Name Donna Place		
Street Address 24 Victory Highway			Street Address 24 Victory Highway		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Craig Place			Director Name Donna Place		
Street Address 24 Victory Highway			Street Address 24 Victory Highway		
City Chepachet	State RI	Zip 02814	City Chepachet	State R.I	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		
			1100		
			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 Craig Place					Date 3/27/19
Signature of Authorized Representative 					FILED 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

MAR 28 2019

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FORM 630 - Revised: 10/2017