



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

STAMP

- 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 17749		2. Exact name of the Corporation Hopedale Trucking, Inc.			
3. Principal Office Address 190 West Allenton Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 488490		6. Brief description of the character of business conducted in Rhode Island Rubbish removal, snow plowing and bulldozing.			
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 David Ruggieri			Vice-President Name David Ruggieri		
Street Address 190 West Allenton Road			Street Address 190 West Allenton Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name David Ruggieri			Treasurer Name David Ruggieri		
Street Address 190 West Allenton Road			Street Address 190 West Allenton Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Ruggieri			Director Name		
Street Address 190 West Allenton Road			Street Address		
City North Kingstown	State RI	Zip 02852	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		
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 David Ruggieri					Date 2/10/2020
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

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FORM 630 - Revised: 10/2017