

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1		Filing Fee: \$50.00		. DAR		
(FORM MUST BE TYPED IN						
1. Corporate ID No. 58893	2. Name of Cor   H & H TRI	rporation UCKING INC.				
3. Street Address Principal Bus	iness Office		City	State	Zip	
PO BOX 3752			PROVIDENCE	RI	02909-	
4. Business Phone No.	<del></del>	5. State of Incorpor			··-	
4019463900		RHODE ISLA			6. SIC Code 6638	
7. Brief Description of the Cha. TRUCKING	racter of Business C			<del></del>	0030	
8 NAMES AND ADDRESS	CORE OF THE O	renoces.				
Presideni Name	PRESOUTHE O	FFICERS CX BOX FOR	ATTACHMENT) 🗌 VILL IN SE	ACES BEFORE USING ATT	ACHMENTS	
WILLIAM E. HOGAN,	III		Vice President Name NONE			
Street Address			Street Address	<del></del>		
PO BOX 3752	•		onter maress			
City	State	Zip	City	16.	···	
PROVIDENCE	RI	02909-	.Cny	State	Zip	
Secretary Name	• • • • • • • •		Treasurer Nome	!		
WILLIAM E. HOGAN,	III		WILLIAM E. HOGA	א דדד		
Street Address	<del></del>		* Sireet Address	uv, 111		
PO BOX 3752			•			
City	State	7:	.PO BOX 3752	·		
PROVIDENCE	RI	<i>Zip</i> 02909-	City	State	Zip	
		L	, PROVIDENCE	RI	02909-	
Director Name	vara Orī tiir n	IRECTORS ("X" BOX FO	OR ATTACHMENT)   FILL IN	SPACES BEFORE USING AT	TACHMENTS	
NONE			Director Name			
Street Address			· Street Address			
City	State	Zip	•City	State		
		, <sub>r</sub>	•	Seore	Žip	
Director Name			Director Name			
Street Address	<del></del>		Street Address			
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	C1033/3E/103	- I di vane	Number of Shares	Class/Scries	Par Value	
4,000 NO PAR VALUE			1,000	Common N/A	No Par Value	
This report must be sign	ed in ink hy eit	her the President Vice	President, Secretary, Assis			
ind report must be signe	will like by Elli	ner ine i resident, vice	rresident, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Trustee	
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			this report, including	jury. I declare and affirm that any accompanying schedule	r I nave examined	
*E0003 DDC 04/44/05	00-00-40-0044		and that all statement	ts contained herein are true a	nd cornect	
ៈ*58893 DBC 01/11 <del>/0</del> គ្	0 <b>2-15</b> 18 PM		1		1 1	
File Date			//mmu/}	(2/1/18)	11/104	
MAR 1	a 2005	i	Signduire of Officer	Dhie	·· //· /	
Check No.		_	William E. H	logan III		
By	de		Print or Type Name of		<del></del>	
Ву:				-2/		
FOR SECRETARY OF STATE	USE ONLY		President			
TO COUNTY OF STATE OSE ONLY			Title of Officer Form 630 12/01			

#### H & H TRUCKING INC.

#### STOCKHOLDER'S CONSENT

The undersigned, being the sole stockholder of H & H Trucking Inc., a Rhode Island corporation, hereby consents, pursuant to the provisions of Section 7-1.1-30.3 of the General Laws of Rhode Island, to the taking of the following actions by and in behalf of the corporation:

RESOLVED, that all actions heretofore taken by the officers for and in behalf of the corporation be and they hereby are ratified and confirmed.

RESOLVED, that the following named persons be and they hereby are re-elected to the offices set opposite their names to serve until the next annual meeting and until their successors are elected and qualified:

President William E. Hogan, III Secretary William E. Hogan, III Treasurer William E. Hogan, III

Dated: January 14, 2005



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401.222.3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation \*58893\* H & H TRUCKING INC. 3. Street Address Principal Business Office State Zip PO BOX 3752 CRANSTON RI 02901 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4019463900 RHODE ISLAND 6638 7. Brief Description of the Character of Business Conducted in Rhode Island TRUCKING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name WILLIAM E. HOGAN, III Street Address Street Address PO BOX 3752 City State Zip City State Zip CRANSTON RI 02901 Secretary Name Tréasurer Name LISA BERGIN WILLIAM E. HOGAN, III Sirect Address Street Address PO BOX 3752 PO BOX 3752 City State Zip 'City State Zip CRANSTON RΙ 02901 CRANSTON RI 02901 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | HILL IN SPACES BEFORE USING ATTACHMENTS Director Num Director Name NONE Street Address · Street Address Ciry State Zip City State Zip Director Name Director Name Street Address ·Smeet Address City State Zip Ciry State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 4,000 NO PAR VALUE 1,000 Common N/A No Par Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 8 8 9 3 * 	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
**58893* 1/16/0310:13:03 AM*,	and that all statements contained berein are true and correct.
File Date 31100	MMM ETHIL 3/8/0V
Check No. 10146	Signature of Officer Bate William E. Hogan, III
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE LIST ONLY	President

Title of Officer

FOR SECRETARY OF STATE USE ONLY



Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filling Period: January 1-March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. HIHTBUCKING IM. CIANSTON RHODE DLAN ption of the Character of Business Conducted in Rhade 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WILLIAM & HOGAN TH Street Address City State Street Address City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Street Address City City Director Name Director Name Street Address Street Address City City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Class/Series Number of Shares 4,000 NO PAR NALVE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined **FILED** this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date: E ITUBAN FOR SECRETARY OF STATE USE ONLY Ferm 630 12/02



File Date:

Check No.:

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLEASE INSTRUC	KUAII)
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(FORM MUST BE TYPED IN BLACE	k)				
1. Corporate ID No.	2. Name of Corpo	ration		-	
58893	•	ICKING INC.			
3. Street Address Principal Business Of			City	State	Zip
P.O. Box 3752	•	• •	Cranston	RI	02901
4. Rusiness Phone No.		5. State of Incorporat			6. SIC Code
401-946-3900 7. Brief Description of the Character of	Rusiness Conducted	RHODE ISLA I in Rhode Island	IND		6638
Trucking					
8. NAMES AND ADDRESSE President Name	S OF THE OF	FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
WILLIAM E. HOGA	AN, III		NONE		
Street Address			. Street Address		
P.O. Box 3752			•		
City	State	Zip	City	State	Zip
Cranston	RI	02901		•	•
Secretary Name		***************************************	Treasurer Name	•••••••••••••••••••••••••••••••••••••••	
LISA BERGIN			WILLIAM E. H	OGAN, III	
Street Address			Street Address		
P.O. Box 3752	1.	, <del>-</del> .	P.O. Box 375	2 .	
· •	'State	Zip	City	State	Zip
Cranston	' RI	02901	Cranston	RI	02901-
9. NAMES AND ADDRESSE	S OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS
NONE			Director Name	<del>-</del> "	
INOINE		_	:		
acces Address		- •	Street Address	-	-
	State	Zip	Street Address  City	State	ZIP
Sity	State	Zip -		State	
	State	Zip	City	State	Zip
City Director Name	State	Zip	City  Director Name	State	Zip
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Director Name  Ireel Address  Ity  O. SHARES AUTHORIZED (  UTHORIZED SHARES  Iumber of Shares	State	Zip ACHMENT)	City  Director Name  Street Address  City  11. SHARES ISSUED (SSUE) SHARES  Number of Shares	State  State  State  Class/Series	Zip T) D
Director Name  Street Address  City  O. SHARES AUTHORIZED (  UTHORIZED SHARES	State	Zip ACHMENT)	City  Director Name  Street Address  City  11. SHARES ISSUED	State  ST	Zip T) D
Director Name  Street Address  City  O. SHARES AUTHORIZED (  OUTHORIZED SHARES  Jumber of Shares	State	Zip ACHMENT)	City  Director Name  Street Address  City  11. SHARES ISSUED (SSUE) SHARES  Number of Shares	State  State  State  Class/Series	

FOR SECRETARY OF STATE USE ONLY

President
Title of Officer

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ts contained herein are true and correct.

<u>Hogan, III</u>

of Officer

Print or Type Name of Officer

William E.

Filing Period: January 1-March 1 • Filing Fee: \$50.00

File Date: \_

Check No.: .

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 58893	2. Name of Corpora	CKING INC.			
3 Street Address Principal Bus	iness Office .	, X	City	State	Zip
79 Pilsudski 4. Business Phone No.	Street	S. State of Incorporation	Providence	RI	02909-2920 6. SIC Code
401-946-3900  2. Brief Description of the Charactering		RHODE ISLAND in Rhode Island			6638
8. NAMES AND ADD President Name WILLIAM E. 1 Street Address		ICERS (*X* BOX FOR ATTACH	IMENT) FILL IN SPACES  Vice President Name  NONE  Street Address	BEFORE USING ATTAC	HMENTS
79 Pilsudski	Street		Street Madress		
Providence	State RI	<sup>zıp</sup> 02909–2920	City	State	Zip
Secretary Name  LISA BERGIN Street Address 79 Pilsudski	. Street		Treasurer Name WILLIAM E. Street Address 79 Pilsudsk	·	
Providence	State RI	zıp 02909–2920	Providence	State RI	z <sub>ip</sub> 02909–2920
9. NAMES AND ADD	RESSES OF THE DIRI	ECTORS (*X* BOX FOR ATTA	•	ES BEFORE USING ATTA	
NONE Street Address			: Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	** * ** *	•• •
Street Addiess			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	IZED (*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT)	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO	PAR VAL		1,000	Common N/A	No Par Value
- · <del>-</del>	·• · · ·		İ		4
This report must be s	<b>igned in ink</b> by eith	ner the President, Vice P	resident, Secretary, Assi	stant Secretary, Treasu	rer, Receiver or Trustee
•	XTOO I	<b>*</b>			
	THE	<b>5</b> '			
		-		rjury, I declare and affirm ag any accompanying sche	that I have examined dules and statements, and

President Title of Officer

William E. Hogan, III

Print or Type Name of Officer

that all statements contained herein are true and correct. TRUCKING INC.

Date



FOR SECRETARY OF STATE USE ONLY

. . . . . . . . .

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL	ACK)		- <b></b> .		
1. Corporate ID No.	2. Name of Corpor	ration			
58893	<u>ૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૣૡ૽</u> ૢૢૢૼૡૢ૿ૺૺૡૢ૿૽ૼૡ૿ૢ૽ૺ	UCKI NG LINC DE CHENNE			• • •
3. Street Address Principal Busines			City	State	Zip
<sub> </sub> 79[Pilsudski S	treet"		Providence	RI	02909-2920
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-946-3900		RHODE ISLAND			6638
7. Brief Description of the Charact	ter of Business Conducted	f in Rhode Island			
Trucking	ecre Ar mir on		· <u> </u>		
- 6. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES 1 Vice President Name	BEFORE USING ATTAC	HMENTS
WILLIAM E. HOG	AN TTT		NONE		
Street Address	,		Street Address		
79 Pilsudski S	treet				
City	State	T Zip	City	State	- Zip
Providence	RI	02909-2920	:		
Secretary Name		• • • • • • •	Treasurer Name		••
LISA_BERGIN		_	' WILLIAM E. I	HOGAN, III	
Street Address		_	Street Address		
79 Pilsudski_S	treet	. •	79 Pilsudsk	i Street	
City	State	Zip	City	State	Zip
Providence	RI	02909-2920	Providence	RI .	02909-2920
9. NAMES AND ADDRE	SSES OF THE DIF	RECTORS ("X" BOX FOR ATT)		S BEFORE USING ATTA	ACHMENTS
NONE			Director Name NONE		
Street Address			Street Address	•	
			Jireet Address		
City	State	Zip	City	T State -	Zip
Discourse Manager	1				** **** ***
Director Name			Director Name		
NONE Street Address	<del></del>	·	: NONE  Street Address		
			Sireer Address		
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZ	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (	X' BOX FOR ATTACHMENT	7
AUTHORIZZED SHARES			IZSUED SHARES	· · ·	·
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inis report must be sig	nea in ink by en	ther the President, Vice I	President, Secretary, Assi:	stant Secretary, Treasi	irer, Receiver or Trustee
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		88  -		rjury, I declare and affirm	
<u></u>	- 1	•			edules and statements, and
کی ا	14/00			ontained herein are true KINS ÆNC 1	and Confect.
File Date:	3	<del></del>	by MYM	177/11/3/H	/
Check No.:	13/2		Signature of Officer	7//	Date
•	d.	<del></del>	W/lliam E.	Hogan, III	
	·		Daline on These Marin C.O.C.	r	

President



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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Filing Period: Januar (FORM MUST BE TYPED IN B	LACK)				INVERGE
1. Corporate ID No. <b>58893</b>	2. Name of Corp. H & H TRI	JCKING INC.			
3. Street Address Principal Busine		· · · · · · · · · · · · · · · · · · ·	City	State	Zip
123 Carlsbad	Street		, Cranston	RI	02920
4. Business Phone No.		5. State of Incorporation		···	6. SIC Code
401-946-3900 RHODE ISLA  7. Brief Description of the Character of Business Conducted in Rhode Island			ND		6638
7. Brief Description of the Charac	ter of Business Conducte	d in Rhode Island			- <del></del>
Trucking	<u>.</u>	·			
8. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR ATTA	CHMENT) ( FILL IN SPACES	BEFORE USING ATTACHM	ENTS
WILLIAM E. HO	GAN. TIT		Vice President Name None		
Street Address					
123 Carlsbad	Street		Street Address		
City	State	· ·· — 1 · · · · · · · · · · · · · · · ·	City	<del></del>	<del>,</del>
Cranston	RI	02920	i	State	Zip
Secretary Name			. Treasurer Name		.l
LISA BERGIN			WILLIAM E.	HOGAN. IIT	
Street Address		· - · · · · · · · · · · · · · · · ·	Street Address		
123 Carlsbad S	Street		123 Carlsba	ad Street	
City	State	Zip	City	State	715
Cranston	i RI	02920	Cranston	RI	02920
9. NAMES AND ADDRE	SSES OF THE DIE	RECTORS ("X" BOX FOR AT	TACHMENT) TILL IN SPACE	ES REFORE LISING ATTACH	MENTS
Diff. to Manie			Director Name	ES DEFORE CSING ATTACH	MENIS
None			None		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None	,	•	Director Name	·····	
_ · _ ,			None	_	
Street Address			Street Address		
City .			<u> </u>		
: :	State	Zip	City	State	Zip
0. SHARES AUTHORIZE	7D (222 BOX 1922 - 2				<u> </u>
UTHORIZED SHARES	DID ("X" BOX FOR AT	TACHMENT)		X" BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Pan Matura	ZSVAH2 CEUZZI	· · · · · · · · · · · · · · · · · · ·	
<del></del>		Par Value	Number of Shares	Class/Series .	Par Value
4,000 SHS NO PAR	VAL		1,000	Common N/A No	Par Valu
· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	<del></del>		
L.).		<del></del>	l		<u> </u>
nis report must be sign	ed in ink by eit	her the President, Vice	President, Secretary, Assi	stant Secretary, Treasurer,	Receiver or Tru
<b>           </b>	<b>                                    </b>				
	<b>                                    </b>				
				•	
#	5 8 8 9	3 ♠	Under penalty of ne	rjury, I declare and affirm tha	t I have examined
And the same of the same of the same	. Sy marka kalanda alama ara ara ara ara ara ara ara ara ara		this report, includin	g any accompanying schedule	es and statements
1.1	Unx 1,99	?	that all statements c	ontained herein are true and	correct.
File Date:	UMATTU	•	H & H DRUCK		1 1

Signature Afossicer
William E. Hogan, III

Print or Type Name of Officer
President



Check No.: \_\_\_

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998								
	PROFIT	CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	1998



Filing Period: Januar	y I-March 1 •	ANNUAL RI	EPORT FOR TH	IE YEAR	PILAM READ INSECTIONS
(FORM MUST BE TYPED IN BL	.ACK)				
1. Corporate ID No.	2. Name of Corpora	tion	· - <del>-</del>	<del></del>	_
58893 3. Street Address Principal Busines		H TRUCKING INC	C.	State	Zip
123 Carlsbad 4. Business Phone No.	Street	"5. State of Incorporatio	Cranston	RI	02920 6. SIC Code
401-946-3900 7. Brief Description of the Charact	er of Business Conducted i	n Rhode Island	RHODE ISLAND		6638
Trucking 8. NAMES AND ADDRE			ACHMENT)		
President Name WILLIAM E. HOG	•		Vice President Name None		• • •
Street Address 123 Carlsbad S	Street		Street Address		
Cranston	State RI	, z <sub>ip</sub> 02920	i city	. State 1	Zip L
Secretary Name LISA BERGIN	• •	•• / •• •• •• ••	Treasurer Name WILLIAM E.	HOGAN, III	
Street Address 123 Carlsbad S	Street		Street Address : : 123 Carlsba	- d Street	-
City	State	CZIP -	City	State	-   Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRE	SSES OF THE DIRI	CTORS ('X' BOX FOR A	TTACHMENT) ( Director Name		<del></del>
None			None		
Street Address		• •	Street Address	<del>-</del> · ·	• •
City -	State -	r zip	City	TState	7 Zip
Director Name	•••••	••••••	Director Name		
Nana					
None – Street Address		• • •	None Street Address	-· <b>-</b> · - ·	
City	State	Zip	÷ city —	State	₹ ZIp {
10. SHARES AUTHORIZE	ED ('X' BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	CX BOX FOR ATTACHMEN	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	1 Par Value
4,000 SHS NO F	PAR VALUE		1,000	Common N/A	t - No Par Value
	· <del></del>		- 1	<del> </del>	†
This report must be sign	n <b>ed in ink</b> by eith	ner the President, Vic	e President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Trustee
			3		
			•		
			Under penalty of	perjury, I declare and affir	m that I have examined
	1		this report, includ	ing any accompanying sci	hedules and statements, and
	2/2/20			s contained herein are tru	e and correct.
File Date:	4/1/8	<del></del>	H & H TRU	CKING INC.	1 2 as 50
Check No.: _ 1846	2/2/98		Signature of Officer		Date

William E. Hogan, III

Print or Type Name of Officer President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02403-1335 401-277-3040

 $100^{\circ}$ 

#### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN I	BLACK)				COMPLETING THIS TORK	
1. Corporate ID No. 58893	2. Name of Corpor H&HTRU	ation ICKING INC.				
3. Street Address Principal Busin		<del></del>	City	State	1 Zip	
123 Carlsbac	Street		Cranston	RI	02920	
4. Business Phone No.		S. State of Incorporatio		<del></del>	6. SIC Code	
401-946-3900 RHODE ISLA  7. Brief Description of the Character of Business Conducted in Rhode Island			NND		6638	
	cter of Business Conducted	In Rhode Island			<del></del>	
trucking						
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT				
			Vice President Name			
William.EH	logan,_III_	<del></del>	Street Address			
123 Carlsbad	Street		Street Address			
City	State	Zip	City	State	Zip	
Cranston	RI	02920	:	<b>1</b>	2.19	
Secretary Name	•••••••••••	•••••••I•••••••••	Treasurer Name			
Lisa Bergin			William E.	Hogan, III		
Street Address		<del></del>	Street Address	······································	<del></del>	
123 Carlsbad	Street		123 Carlsba	ad Street		
City	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT)		و يام دومد	
Director Name			Director Name	•		
None			None	<u> </u>		
Siret Magicity			Street Address			
City	1 State	Zip		<del></del>		
•	3.4.1	2.0	City	State	Zip	
Director Name			Director Name		<u> </u>	
None			None			
Street Address		<del></del>	Street Address			
Real Control of the Control	. •	•				
City	State	Zip	City	State	Zip	
		-			. [ • ]	
10. SHARES AUTHORIZ	ZED'AND ISSUED (	"X" BOX FOR ATTACHMENT	第二 <u>式2</u> 21个数据数据表	5.13 Th (2) 1.19 Day		
AUTHORIZZED SHARES			ZZVIZD SHAREZ	<u> </u>	<u> </u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
4,000 SHS NO PAR	VAL		1,000	Common N/A	No Par Value	
	- <del> </del>	···			L	
and the same and the same						
CONTRACTOR OF THE STATE OF		A JOHN TO LIVE A SIL	2017 [1960] 中国大学的	vist, traces, to auto-	in the t	
This report must be sig	ned in ink by eit	her the President, Vice	e President, Secretary, Ass	istant Secretary. Treasure	r. Receiver or Trustee	
	DI GUEL IN		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	-, duite of musice	
.   <b>                                   </b>		· · · · · · · · · · · · · · · · · · ·	•		•	
					,	

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

9

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.

H & H TRUCKING, INC.

Signature of Officer

2127/97 Date

William E. Hogan, III

Print or Type Name of Officer President

#### **PROFIT CORPORATION ANNUAL REPORT**

Filing Period: January 1-March 1 Filing Fee: \$50.00

1996



Print or Type Name of Officer

President Title of Officer

#### State of Rhode Island and Providence Plantations Jomes R. Langevin, Secretary of State

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

1. CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.			
58893		H TRUCKING IN	IC.			
3 street adoress principal busiñess offic	•		αίν	STATE	72 € COO€	
123 Carlsbad St	reet		Cranston	RI	02920	
401-946-3900		3. STATE OF INCOMPORATION RHODE ISI	AND		6.5c 000€ 6638	
7. BABE DESCRIPTION OF THE CHARACTER OF BU	isiness comounted in Ahode	í	<del></del>			
trucking						
-	8. NA	M E S A N D A D D R	ESSES OF THE O	FFICERS	<del></del>	
William E. Hoga	n III		VICE PRESIDENT NAME	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	111, 111		STREET ADDRESS			
123 Carlsbad St						
Cranston	RI	02920	άlγ	STATE	Ζιν 000€	
SECRETARY NAME		02320	TREASURER NAME			
Lisa Bergin		····		Hogan, III		
123 Carlsbad St	treet		STREET ADDRESS 123 Carlsb	ad Street		
GN	STATE	ZIP C00€	ary	STATE	ZIP COOE	
Cranston	RI	02920	Cranston	RI	02920	
DIRECTOR NAME	9. HA	MES AND ADDR	ESSES OF THE D	IRECTORS		
NONE SMEET ADDRESS		`	_1			
21MEET ADDRESS			STREET ADDRESS			
ату	STATE	Zer COOE	any	STATE	<u>Στ</u> Ρ <b>COO</b> €	
DIRECTOR NAME	1		DIRECTOR NAME			
	•					
STREET ADDRESS			STREET ADDRESS		······································	
offv	STATE	₩ C00€	CITY CITY	STATE	Στ <b>Ρ CO</b> 0Ε	
	<u> </u>					
		HARES AUTHOR	IZED AND ISSUE	<del></del>		
MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES  CLASS/SERES	PAR VALUE	
4,000 SHS NO PAI	R VAL		1,000	Common N/A	no par value	
				<del></del>		
		<del></del>				
· · · · · · · · · · · · · · · · · · ·					<u> </u>	
Presid	This ent, Vice Presido	s report must be SIG ent, Secretary, Assis	NED IN INK by either tant Secretary, Treasure	the er, Receiver or Truster	· •	
<del></del>			Under penalty	of perjury, I declare and a	affirm that I have examined this	
••••		<del>-</del> ,	all statements	contained herein are true a	edules and statements, and that and correct.	
File Date: 2/23/9	6	· · · · · · · · · · · · · · · · · · ·	by ////	ucking inc.	<del> </del>	
Check No. 1022			Signature of Officer () William E. Hogan, III			

## State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 1995

Corporate ID:		<u> </u>	nnual Report fo	or the year:		· · · · · · · · · · · · · · · · · · ·
Name of Corporation: H & H 1	RUCKIN	G INC				has the state of t
Name of Corporation:						
Business entity organized under the laws of the State of: RhodeIsland For foreign entity, address and telephone number of principal office:				ty is (check one):	•	•
				Corporation (See RIGI		
			[ ] Profession	onal Service Corporation	(See RIGI. C	hapter 7-5.1)
			Brief statemen	nt of the character of bus	iness conducte	ed in Rhode Island:
Phone: ( )			trucking	g		
Address and telephone of the principal office of busi	iness entity in	Rhode				
Island (Provide street address - Not P.O. Box):						
123_Carlsbad_Street						
Cranston, RI_02920						
Phone: (401) 946-3900						
	THE N	ANGEO OF WILL	OFFICENCE			
PRESIDENT	IHE N	AMES OF THE STREET ADDRE		CITY/STATE		ZIPCODE
William E. Hogan, III	123	Carlsbad	Street	Cranston,	RT	02920
VICE PRESIDENT		STREET ADDRE		CITY/STATE		ZIP CODE
SECRETARY	<del></del>	STREET ADDRE	iss	CHY/STATE		ZIP CODE
Lisa Bergin	123	Carlsbad	Street	Cranston,	RI	02920
TREASURER		STREET ADDRE	-SS	CITY/STATE		ZIP CODE
William E. Hogan, Jr.	123	Carlsbad	Street	Cranston,	RI	02920
	THE NA	MES OF THE	DIRECTORS	ARE:		_
NAME		STREET ADDRE	ESS	CITY/STATE		ZIP CODE
NONE						
NAME		STREET ADDRE	SS	CITY/STATE		Alb CODE
IF. STREET ADD		STREET ADDRE	SSS	CITY/STATE		ATP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)			NUMBER OF SHA	RES ISSUED AND OUT	STANDING (Ri	der may be attached)
Number of Shares Class / Series			Number of Shares	S Class / Se	ries	
4,000 Common - N/A			1,000	Common -	N/A	
Without Par Value			2,000	Without		ue
41 ~		HA	H TRUCKI	NG INC.	<u>-</u> .	
Date Tileman 8 19	95	By: ////	U 9 K	an III		
$\sigma^{-}$		Wil	liam E. H	ogan, III	-	
Form 21 1.00		PRINT OR TYPE	NAME OF OFFICER SIG	GNING		
Form 31 1/95	·-	TTILE OF OFFIC	TER SIGNING			
DESIGNAT	TED REGIS	STERED AGEN	T FOR SERV	ICE OF PROCESS:		

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ALBERT D. SAUNDERS, JR. 130 MAIN STREET EAST GREENWICH RI 02818 FILED

FEB 1 0 1995 By ((A) 7) Filing Fee \$50 00 Payable to Secretary of State

PLEASE TYPE or PRINT 377695State of Rhode Island and Providence Plantations

File Annually LLC, Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277 3040

Corporate ID:	0058893		Annual Report for t	he year:	1994	
Name of Business E	ntity:		H & H TRUC	KING INC.		
Federal Taxpayer Identi		Island	X   Busii [ ] Profe	ness Corporation (See R essional Service Corpora	ition (See RIGL Chapi	ler 7 S 1)
	ess and telephone number of principal office		Name, title and a communications William	ned Liability Company ( meiling address of contact may be directed.  E. Hogan, II  Saunders,	it person to whom  I, Presiden	t
Phone: ()	<del>-</del>	/	130 <u>Main</u>	<u>S</u> treet		
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):			East Greenwich, RI 02818			
123 Carlsbac Cranston, R	i Street		Brief statement o	If the character of busine	ess conducted in Rhodo	r Island:
cranscon, K				January	16 1990	
Phone 4 401 946	i <del>-</del> 3900		Date of Organiza	tion to do business in R	, i	entity):
		MES OF TH	<u>.</u> IE OFFICERS AR	F.:		
William E. H	ROR (X PRESIDENTION ON ONE PROBLEM   123 Ca	STREET ADD	Street	Cranston,	RI	7/2 CODE 0 2 9 2 0 7/2 CODE
Lisa Bergin	ror XI friaving (Dexise) Iogan, 1211 <u>123 Ca</u>	STRUCT ADD arlsbad state add arlsbad 1ES OF THI STRUCT ADD	Street Stroet EDIRECTORS AN	Cranston,	RI	21F CODE 0 29 20 21F CODE
NONE	·	STREET ADD	RISS	CITY/STATE		ZIP CDOE
NAME		NIBLET ADD	RESS .	спусталь		ZIP CODE
NUMBER OF SHARE	S AUTHORIZED (If Applicable)		NUMBER OF SHALE	RES ISSUED AND OU		licable)
NUMBER	4,000		NUMBER	1,000		
CLASS	Common		CLASS	Common	JAN 31	
SERIES	N/A		SERIES	N/A	SECY OF ST.	3 <b>54</b> 47~
PAR VALUE OR WITHOUT PAR	Without Par Value		PAR VALUE OR WITHOUT PAR	Without	Par Value	,,,
Date		Hy No.	TRUCKING I	<u> </u>		
		Presi	dent FICER SIGNING			
Form 31 1/94	DESIGNATED DECISTERED	n nreine	NT ACTION NOT			
<del></del>	DESIGNATED REGISTERED O	<u>ית ערטוחן:</u>	<u>DIAGENTIURS</u>	SEKAICE OF LKOC	.t. <u>55</u> :	

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

To be filed annually between January 1st and March 1st

# 2595 Jb Jan State of Rhode Island and Providence Plantations Corporations division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058	893	Annual Report for the year	ır 1993
FIRST: The name	of the corporation is	I & H TRUCKING INC.	
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, ist	rucking	
FOURTH: If foreig	n corporation, address of its pri	ncipal office	
FIFTH: Business a	ddress in Rhode Island	59 Hilltop Avenue	
	I	Providence, RI 02908	
SIXTH: Names and Name	d addresses of its directors and	officers: Address (including number,	(Attach rider if necessary)
6 4 4 2 7 7 7 1	Director  Director  Director		•
William E. Hoga		59 Hilltop Ave., Prov	
	Vice Presider	nt	
Lisa Bergin	Secretary	59 Hilltop Ave., Prov	•••••••••••••••••••••••••••••••••••••
William E. Hoga	n, III Treasurer	59 Hilltop Ave., Prov	vidence, RI 02908
SEVENTH: Number	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
4,000	common	PAID	no par value
Eighth: Number	of Shares issued:	MAR 0 4 1993	Par Value or statement that
No. of Shares	Class	-	Chares are walkenit
1,000	common	Series SECRETARY OF CTAT	no par value
Dated 2-27	······································	H & H TRUCKING INC.  Name of Corporation)  By Mulli H M	
(Report must b	e signed by an officer)	Title President	

## State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 SM 173

Corporate ID	.005883	Annual Report for th	e year 1999		
FIRST: The name	e of the corporation is	H & H TRUCKING	INC		
Second: It is inc	corporated under the laws of	Rhode Island			
THIRD: Characte	er of business, briefly stated, is	trucking			
FOURTH: If forei	gn corporation, address of its	principal office			
FIFTH: Business a	address in Rhode Island	59 Hilltop Aven	ue		
	······	Providence, RI	02908		
SIXTH: Names at	nd addresses of its directors an		(Attach rider if necessary)		
	Director				
	Director				
••••••	Director				
William E. Hoga	n, III President	59 Hilltop Avenue,	Providence, RI 02908		
	Vice President	dent			
Lisa Bergin	Secretary	59 Hilltop Avenue,	Providence, RI 02908		
William E. Hoga	n, III Treasurer	59 Hilltop Avenue,	Providence, RI 02908		
SEVENTH: Number	er of Shares authorized:		Par Value		
No. of Shares	Class	P Ad D	or statement that shares are without par value		
4,000	Common	MAR N 2 1992	no par value		
Еіднтн: Number of Shares issued:		SEC'Y OF STATE	Par Value or statement that		
No. of Shares	Class	Series	shares are without par value		
1,000	Common		no par value		
Dated Februa	CY27, 1992	H & H TRUCKING INC.  (Name of Corporation)			
(Report must b	e signed by an officer)	By Mill (1) [7] Title President	<i>5)</i>		

Form 31 1/85

### State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0058893	Annual Report for the year1991
FIRST: The	e name of the corporation is	H & H TRUCKING INC.
Second: I	t is incorporated under the laws o	f Rhode Island
Third: Ch	aracter of business, briefly stated,	is trucking
Fourth: I	f foreign corporation, address of i	ts principal office
FIFTH: Bus	siness address in Rhode Island	59 Hilltop Avenue, Providence, RI 02908
Sіхтн: Na	mes and addresses of its directors	(·····································
••••••	Director	
•••••	Director	
•••••	Director	
William E. H	ogan, III Presiden	59 Hilltop Avenue, Providence, RI 02908
•····•	Vice Pre	sident
Lisa Bergin	Secretar	y 59 Hilltop Avenue, Providence, RI 02908
William E. H	ogan, III Treasure	59 Hilltop Avenue, Providence, RI 02908
Seventh:	Number of Shares authorized:	Par Value or statement that
No. of Shares	Class	shares are without Series par value
4,000	Common	PAID no par value
Еіднтн: N	umber of Shares issued:	MAR 1 1 1901 Par Value
No. of Shares	Class	SEC'Y OF STATE or statement that shares are without par value
1,000	Common	no par value
Dated3	- 7 <sub>19 91</sub>	H & H TRUCKING INC. (Name of Corporation)
		By WILL & 175776)
(Report	must be signed by an officer)	TitlePresident/