



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

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

AMMENDED REPORT FOR THE YEAR 2000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 58893 2. Name of Corporation H & H Trucking Inc.  
3. Street Address Principal Business Office 79 Pilsudski Street City Providence State RI Zip 02909-2920  
4. Business Phone No. 401-946-3900 5. State of Incorporation Rhode Island 6. SIC Code 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 William E. Hogan III Vice President Name NONE  
Street Address 79 Pilsudski Street Street Address  
City Providence State RI Zip 02909-2920 City Providence State RI Zip 02909-2920  
Secretary Name William E. Hogan III Treasurer Name  
Street Address 79 Pilsudski Street Street Address  
City Providence State RI Zip 02909-2920 City Providence State RI Zip 02909-2920

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE Director Name NONE  
Street Address NONE Street Address NONE  
City NONE City NONE  
State NONE State NONE  
Zip NONE Zip NONE

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
4,000 SHS NO PAR VAL

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series 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

File Date: 5/18/00

Check No.:

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

William E. Hogan III

Print or Type Name of Officer

President

Title of Officer