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

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Annual Report for the year: 2021
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	2. Exact name of the Corporation			
000013498	H C TRUCKING, INC.			
3. Principal Office Address		City	State	Zip
1220 LAFAYETTE ROAD		NORTH KINGSTOWN	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238900	TRUCKING AND EXCAVATION SERVICES.			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: LINDA C. COLE			Vice-President Name: HARRY W. COLE		
Street Address: 1220 LAFAYETTE ROAD			Street Address: 1220 LAFAYETTE ROAD		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: NORTH KINGSTOWN	State: RI	Zip: 02852
Secretary Name: LINDA C. COLE			Treasurer Name: HARRY W. COLE		
Street Address: 1220 LAFAYETTE ROAD			Street Address: 1220 LAFAYETTE 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 ☐

Director Name: LINDA C. COLE			Director Name: HARRY W. COLE		
Street Address: 1220 LAFAYETTE ROAD			Street Address: 1220 LAFAYETTE ROAD		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: NORTH KINGSTOWN	State: RI	Zip: 02852
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NONE
Changes require an additional filing.			

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	Date
LINDA C. COLE, PRESIDENT	01/21/2021

Signature of Authorized Representative: Linda C. Cole 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

FORM 630 - Revised: 10/2017