



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

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.

F:)
 FEB 04 2021 STAMP
 B-5206
 DS

1. Entity ID Number 000013498		2. Exact name of the Corporation H C TRUCKING, INC.			
3. Principal Office Address 1220 LAFAYETTE ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island TRUCKING AND EXCAVATION SERVICES.			
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 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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	COMMON	NONE
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 LINDA C. COLE, PRESIDENT					Date 01/21/2021
Signature of Authorized Representative <i>Linda C. Cole</i>					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