HPTRANS 03/09/2021 11 15 AM

State of Rhode Island
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.

FILED
MAR 17 2021
BY 1077

1. Entity ID Number	2. Exact name of the Corporation			
000799917	H P TRANSPORT, INC.			
3. Principal Office Address		City	State	Zip
30 HIGHLAND AVENUE		CUMBERLAND	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
484120				
5. State of Incorporation				
RI	TRUCKING			

7. List ALL officers (names and addresses)			Check the box to indicate an attachment X		
President Name			Vice-President Name		
HENRYK PROKOP			STMT		
Street Address			Street Address		
30 HIGHLAND AVE					
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864			
Secretary Name			Treasurer Name		
HENRYK PROKOP			HENRYK PROKOP		
Street Address			Street Address		
30 HIGHLAND AVE			30 HIGHLAND AVE		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864

8. List ALL directors (names and addresses)			Check the box to indicate an attachment		
Director Name			Director Name		
HENRYK PROKOP			BARBARA PROKOP		
Street Address			Street Address		
30 HIGHLAND AVE			30 HIGLAND AVE		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
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	
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.	100	COMMON		

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
HENRYK PROKOP	03/12/2021
Signature of Authorized Representative	

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: 08/2020