

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period January 1 - March 1

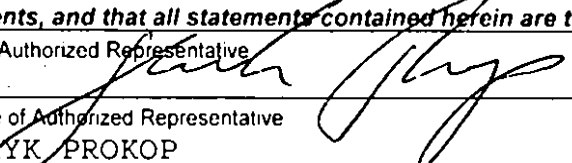
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 17 2021

1077

1. Entity ID Number 000799917		2. Exact name of the Corporation H P TRANSPORT, INC.			
3. Principal Office Address 30 HIGHLAND AVENUE			City CUMBERLAND		State RI
			Zip 02864		
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island TRUCKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name HENRYK PROKOP			Vice-President Name STMT		
Street Address 30 HIGHLAND AVE			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name HENRYK PROKOP			Treasurer Name HENRYK PROKOP		
Street Address 30 HIGHLAND AVE			Street Address 30 HIGHLAND AVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name HENRYK PROKOP			Director Name BARBARA PROKOP		
Street Address 30 HIGHLAND AVE			Street Address 30 HIGHLAND AVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 03/12/2021
Signature of Authorized Representative HENRYK PROKOP					

MAIL TO:

Division of Business Services

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