

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

R.I. DEPT. OF STATE BUS SYCS DIV 512

2021 MAR 30 PM 12: 41,

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
10448		Carl`s Crane Service,Inc.					
3. Principal Office Address			City		State	Zip	
25 Willow Ave			Pawtucket		RI	02860	
4. NAICS Code	6. Brief desc	ription of the charac	ter of business cond	ducted in Rhode I	sland		
532412	I I	Crane Service					
5. State of Incorporation							
Rhode Island							
	ad addrosses)			Check	the box to indi	cate an attachment	
7. List ALL officers (names and addresses) President Name Carl Hammerle			Vice President Name				
			None None				
Street Address 1739 Lake Heron Dr			Street Address				
^{City} Lutz	State FL	^{Zip} 33549	City		State	Zip	
Secretary Name None			Treasurer Name				
Street Address			Street Address				
	Ta.		07		State	Zip	
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)			Check	the box to ind	icate an attachment	
Director Name None			Director Name				
Street Address			Street Address				
ou eet Address			0.100171.000				
City	State	Zip	City	· - · · ·	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is	sued			icate an attachment	
This information is currently of		R OF SHARES CLASS/SERIES PAR VALUE					
Department of State. Changes require an additional filing.		0	0			0	
				**			
11. This report must be exec	uted on behalf of th	e corporation by an	authorized represer	ntative. If the corp	oration is in the	e hands of a receiver or	
trustee, this report must be e Under penalty of perjury, I	executed on behalf of	of the corporation by	the receiver or trus	tee.	mnanvina sch	nodulos and	
statements, and that all st				nuding any acco	mpanying sci	ledures and	
Name of Authorized Repress		Date					
Cha Chi	n B	3-25-2021					
Signature of Authorized Rep	resentative		FIL				
CARL HAN			-	0.000			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov ESOCT AA. 12.45 pm.

FORM 630 - Revised: 08/2020