RI SOS Filing Number: 202217252810 Date: 5/5/2022 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

STAMP
MAY 05 2022
1833

1. Entity ID Number	2. Exact name of the Corporation			
19666	C. Place Trucking, Inc.			
3. Principal Office Address		City	State	Zip
Victory Highway		Chepachet	RI	02814
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
484110	General Trucking and Transportation Business			
5. State of Incorporation				
RI				

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

President Name: Craig Place			Vice-President Name: Donna Place		
Street Address: 24 Victory Highway			Street Address: 24 Victory Highway		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814
Secretary Name: Donna Place			Treasurer Name: Donna Place		
Street Address: 24 Victory Highway			Street Address: 24 Victory Highway		
City: Chepachet	State: RI	Zip: 02814	City: Chepachet	State: RI	Zip: 02814

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

Director Name			Director Name		
Street Address			Street Address		
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 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.	1100	Common	No Par

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
[signature] Pres	4-29-22
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: 11/2021