



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.

MAY 05 2022 STAMP  
1833 R

1. Entity ID Number 19666		2. Exact name of the Corporation C. Place Trucking, Inc.			
3. Principal Office Address Victory Highway			City Chepachet	State RI	Zip 02814
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island General Trucking and Transportation Business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 1100	CLASS/SERIES Common	PAR VALUE 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. <b>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.</b>					
Name of Authorized Representative 				Date 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