



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

FILED

FEB 22 2024

BY [Signature] 2959

1. Entity ID Number 0001431405 143105		2. Exact name of the Corporation Highway Driver Leasing, Inc.			
3. Principal Office Address 1212 Hancock Street, #320			City Quincy	State MA	Zip 02169
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island Temporary commercial truck drivers			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Linda Greenberg			Vice-President Name Linda Greenberg		
Street Address 1212 Hancock Street, #320			Street Address 1212 Hancock Street, #320		
City Quincy	State MA	Zip 02169	City Quincy	State MA	Zip 02169
Secretary Name Wendy MacPherson			Treasurer Name Linda Greenberg		
Street Address 1212 Hancock Street, #320			Street Address 1212 Hancock Street, #320		
City Quincy	State MA	Zip 02169	City Quincy	State MA	Zip 02169
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Linda Greenberg			Director Name Wendy MacPherson		
Street Address 1212 Hancock Street, #320			Street Address 1212 Hancock Street, #320		
City Quincy	State MA	Zip 02169	City Quincy	State MA	Zip 02169
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			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 Wendy MacPherson				Date 2/16/24	
Signature of Authorized Representative <u>Wendy MacPherson</u>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.r.i.gov