RI SOS Filing Number: 201858279640 Date: 2/13/2018 4:00:00 PM State of Rhode Island and Providence Plantations **Services Division**

	Department	of State -	Business
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Annual Report for the year: 2018 Corporation

- -> Filing period: January 1 March 1
- → Filing Fee \$50.00

Entity ID Number	2. Exact name of the Corporation							
90898	American East, Inc.							
3. Principal Office Address		-	City		State	Zip		
131 West Blue Ridge Road			Cranston		RI	02920		
4. NAICS Code 4. NAICS Code 531411	6. Brief description of the character of business conducted in Rhode Island to store, rent and lease its trucks and equipment							
5. State of Incorporation Rhode Island								
7. List ALL officers (names and ad	dresses)				ck the box to ir	ndicate an attachment [
President Name Thomas Guadagno			Vice-President Name Salvatore N. Guadagno					
Street Address 19 Cornell Road			Street Address 131 West Blue Ridge Road					
City Narragansett	State RI	Z _{IP} 02882	^{City} Cransto	n	State RI	Z _{IP} 02920		
Secretary Name Salvatore N. Guadagno			Treasurer Name Thomas Guadagno					
Street Address 131 West Blue Ridge Road			Street Address 19 Cornell Road					
City Cranston	State RI	^{Zip} 02920	City Narragansett		State RI	Z ₁ p 02882		
8. List ALL directors (names and a	ddresses)		1	Che	ck the box to ii	ndicate an attachment [
Director Name Thomas Guadagno			Director Name Salvatore N. Guadagno					
Street Address 19 Cornell Road			Street Address 131 West Blue Ridge Road					
City Narragansett	State RI	^{Zip} 02882	City Cranston		State RI	Z ₁ p 02920		
Director Name	•		Director Name		- -	1		
Street Address			Street Address	;				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is		Che	ck the box to in	ndicate an attachment [
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 200		CLASS/SERIES common		None		
								11. This report must be executed of
trustee, this report must be execut Under penalty of perjury, I decla	ed on behalf of tre and affirm	the corporation by	the receiver or tr	ustee. ncluding any acc	ompanying s	chadules and		
statements, and that all stateme				icidumg any acc	ompanying sc	.nedules and		
Name of Authorized Representativ			·-		Date	1.1.		
Thomas Guadagno, President	<u> </u>				2/	15/18		
Signature of Authorized Represent	lative		Cil	I EN				
V Jum	my	<u> </u>		<u>LED</u>				
MAIL TO:	5			1 2 2010 02		· · · · ·		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri gov

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