



State of Rhode Island and Providence Plantations
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.

FILED

SEP 30 2020

BY

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DS

1. Entity ID Number 141922		2. Exact name of the Corporation American Carting Express, Inc.	
3. Principal Office Address 19 Tartaglia Street		City Johnston	State RI
		Zip 02919	
4. NAICS Code 423850	6. Brief description of the character of business conducted in Rhode Island Transportation, delivery, disposal of general materials and debris.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Susan R. Tartaglia		Vice-President Name Susan R. Tartaglia	
Street Address 19 Tartaglia Street		Street Address Same	
City Johnston	State RI	City Johnston	State RI
Secretary Name Susan R. Tartaglia		Treasurer Name Susan R. Tartaglia	
Street Address Same		Street Address Same	
City Johnston	State RI	City Johnston	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Susan R. Tartaglia		Director Name Susan R. Tartaglia	
Street Address Same		Street Address Same	
City Johnston	State RI	City Johnston	State RI
Director Name Susan R. Tartaglia		Director Name Susan R. Tartaglia	
Street Address Same		Street Address Same	
City Johnston	State RI	City Johnston	State RI
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		200 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 Susan R. Tartaglia		Date 9/24/20	
Signature of Authorized Representative <i>Susan R. Tartaglia</i>		SIGN DOCUMENT HERE	