RI SOS Filing Number: 202194684260 Date: 3/17/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILE STAMP

MAR 17 2021

BY: 529

1. Entity ID Number	2. Exact name of the Corporation
001671141	AM TRUCKING, INC.

3. Principal Office Address	City	State	Zip
3 LAUREL STREET	NORTH PROVIDENCE	RI	02911

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
484110	TRACTOR TRAILER TRUCKING
5. State of Incorporation: RI	

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

President Name	Vice-President Name
ANTHONY MURO	N/A
Street Address: 3 LAUREL STREET	Street Address:
City: NORTH PROVIDENCE, State: RI, Zip: 02911	City, State, Zip:
Secretary Name: N/A	Treasurer Name: N/A
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

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

Director Name	Director Name
N/A	N/A
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Director Name: N/A	Director Name: N/A
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.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	CWP	.0010

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
ANTHONY MURO	02/18

Signature of Authorized Representative: Anthony Muro

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: 08/2020