



State of Rhode Island
Department of State - Business Services Division

FILED
 JUN 04 2021
 BY *SLY*

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.

1. Entity ID Number 000141922		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 423860		6. Brief description of the character of business conducted in Rhode Island Transportation, delivery, disposal or 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 M. Tartaglia		Vice-President Name Susan M. Tartaglia			
Street Address 19 Tartaglia Street		Street Address Same			
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Susan M. Tartaglia		Treasurer Name Susan M. Tartaglia			
Street Address Same		Street Address Same			
City	State RI	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Susan M. Tartaglia		Director Name			
Street Address Same		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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 M. Tartaglia				Date 6/1/21	
Signature of Authorized Representative <i>Susan M. Tartaglia</i>					

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