



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

JAN 31 2023

BY 2545
19

1. Entity ID Number 91512		2. Exact name of the Corporation ACTION CONVEYOR TECHNOLOGIES, INC.			
3. Principal Office Address 90 DOUGLAS PIKE, 2ND FLOOR		City SMITHFIELD		State RI	Zip 02917
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island THE BUSINESS OF THE INSTALLATION OF CONVEYOR SYSTEMS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Cipolla			Vice-President Name Giovanni Cipolla		
Street Address 90 Douglas Pike, 2nd Floor			Street Address 90 Douglas Pike, 2nd Floor		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Antonio Cipolla			Treasurer Name Antonio Cipolla		
Street Address 90 Douglas Pike, 2nd Floor			Street Address 90 Douglas Pike, 2nd Floor		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Cipolla			Director Name Giovanni Cipolla		
Street Address 90 Douglas Pike, 2nd Floor			Street Address 90 Douglas Pike, 2nd Floor		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value	
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 Antonio Cipolla				Date 1-11-23	
Signature of Authorized Representative 					

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: 11/2021