



State of Rhode Island

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year:

Corporation

2023

2023 FEB 23 AM 9:51:00

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001710864		2. Exact name of the Corporation Advanced Movers Inc.	
3. Principal Office Address 39 Puritan Street		City Providence	State RI
		Zip 02907	
4. NAICS Code 484110	6. Brief description of the character of business conducted in Rhode Island Moving Company		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Chevin Gobem		Vice-President Name	
Street Address 39 Puritan Street		Street Address	
City Providence	State RI	Zip 02907	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Chevin Gobem		Director Name	
Street Address 39 Puritan Street		Street Address	
City Providence	State RI	Zip 02907	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON
		PAR VALUE .01	
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 Chevin Gobem		Date 02/22/23	
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

FILED

FEB 23 2023

FORM 630 - Revised: 2/2023

BY 108469:54:01