



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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

FILED

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

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FORM 630 - Revised: 2/2023