



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 28 2024 AP

BY 1746135

1. Entity ID Number 00795318		2. Exact name of the Corporation American Surplus, Inc.												
3. Principal Office Address 1 Noyes Avenue			City E. Providence	State RI	Zip 02916									
4. NAICS Code 493110		6. Brief description of the character of business conducted in Rhode Island Warehouse storage and material handling equipment												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name William F. DiMaio Jr.			Vice-President Name											
Street Address 26 Linden Court			Street Address											
City Kingstown	State RI	Zip 02852	City	State	Zip									
Secretary Name Claire DiMaio			Treasurer Name William F. DiMaio Jr.											
Street Address 26 Linden Court			Street Address 26 Linden Court											
City Kingstown	State RI	Zip 02852	City Kingstown	State RI	Zip 02852									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name William F. DiMaio Jr.			Director Name Claire DiMaio											
Street Address 26 Linden Court			Street Address 26 Linden Court											
City Kingstown	State RI	Zip 02852	City Kingstown	State RI	Zip 02852									
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000.00</td> <td>CWP</td> <td>\$0.0100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000.00	CWP	\$0.0100			
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1000.00	CWP	\$0.0100												
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 Rachel Hamilton, Moses Ryan Attorney				Date 02/22/2024										
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