



**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

APR 23 2024

BY *[Signature]*

1. Entity ID Number 541284		2. Exact name of the Corporation ACE HAULING, INC.			
3. Principal Office Address 800 CARRS POND ROAD			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 562111		6. Brief description of the character of business conducted in Rhode Island THE HAULING OF REFUSE AND OTHER MATERIALS.			
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 ANGELA M. BRIGGS			Vice-President Name		
Street Address 800 CARRS POND ROAD			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name ANGELA M. BRIGGS			Treasurer Name ANGELA M. BRIGGS		
Street Address 800 CARRS POND ROAD			Street Address 800 CARRS POND ROAD		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANGELA M. BRIGGS			Director Name		
Street Address 800 CARRS POND ROAD			Street Address		
City EAST GREENWICH	State RI	Zip	City	State	Zip
Director Name			Director Name		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	COMMON	NONE	
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 ANGELA M. BRIGGS, PRESIDENT				Date 4/18/24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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Website: www.sos.ri.gov