



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

 REC'D RI SOS BSD
 25 MAR 21 PM 3:39:52

1. Entity ID Number <u>001710864</u>		2. Exact name of the Corporation <u>Advanced movers inc</u>	
3. Principal Office Address <u>39 Poritan St</u>		City <u>Providence</u>	State <u>RT</u>
4. NAICS Code <u>484110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Moving Company</u>	
5. State of Incorporation <u>RT</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Cherin Gubern</u>		Vice-President Name	
Street Address <u>39 Poritan St</u>		Street Address	
City <u>Providence</u>	State <u>RT</u>	City	State
Zip <u>02907</u>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>Cherin Gubern</u>		Director Name	
Street Address <u>39 Poritan St</u>		Street Address	
City <u>Providence</u>	State <u>RT</u>	City	State
Zip <u>02907</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 ☐	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>
			PAR VALUE <u>.01</u>
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. <u>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.</u>			
Name of Authorized Representative <u>Cherin Gubern</u>		Date <u>3/21/25</u>	
Signature of Authorized Representative 			

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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 BY KWG/WG
 FORM 630- Revised: 12/2023