



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 RHODES BSD
25 MAR 21 PM 3:39:52

1. Entity ID Number 001710864		2. Exact name of the Corporation Advanced movers Inc			
3. Principal Office Address 39 Poritan St		City Providence		State RT	Zip 02907
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Moving Company			
5. State of Incorporation RT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Chevin Gubern			Vice-President Name		
Street Address 39 Poritan St			Street Address		
City Providence	State RT	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Chevin Gubern			Director Name		
Street Address 39 Poritan St			Street Address		
City Providence	State RT	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 Check the box to indicate an attachment ☐		
			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 Gubern				Date 3/21/25	
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

MAR 21 2025

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

3:41