



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.

RECEIVED  
STAMP  
FOR  
SECRETARY OF STATE  
25 APR 22 PM 1:43:14

1. Entity ID Number <b>000088240</b>		2. Exact name of the Corporation <b>Ace Transport, Ltd.</b>			
3. Principal Office Address <b>38 OAKLEY ROAD</b>			City <b>woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
4. NAICS Code <b>562998</b>		6. Brief description of the character of business conducted in Rhode Island <b>WASTE MANAGEMENT SERVICES</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>
Director Name <b>LAURA ARMSTRONG</b>			Director Name		
Street Address <b>38 OAKLEY</b>			Street Address		
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
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.		NUMBER OF SHARES		CLASS/SERIES	
		100		1.00	
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. <b>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.</b>					
Name of Authorized Representative <b>Laura Armstrong</b>				Date <b>4-22-25</b>	
Signature of Authorized Representative <b>Laura Armstrong</b>				APR 22 2025 <b>Rick</b>	

MAIL TO:  
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