



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.

FILED
STAMP

MAY 19 2025

BY RECEIVED
I. DEPT. OF STATE
BUS. SERVICES DIV.

1. Entity ID Number 000141922		2. Exact name of the Corporation American Carting Express, Inc.			
3. Principal Office Address 19 Tartaglia Street		City Johnston		State RI	Zip 02919
4. NAICS Code 423860		6. Brief description of the character of business conducted in Rhode Island Transportation, delivery or general materials and debris.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Susan M. Tartaglia			Vice-President Name Susan M. Tartaglia		
Street Address 19 Tartaglia Street			Street Address Same		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Susan M. Tartaglia			Treasurer Name Susan M. Tartaglia		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Susan Tartaglia			Director Name		
Street Address Same			Street Address		
City	State	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 ☐					
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 200	CLASS/SERIES Common	PAR VALUE No Par
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 Susan M. Tartaglia				Date 5/13/25	
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

FORM 630 - Revised: 11/2021