RI SOS Filing Number: 200942234460 Date: 02/12/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
118615	MGM EXPRESS MOVERS INC.			
3. Street Address Principal Business Office		City	State	Zip
68 S MAIN ST STE 2		WOONSOCKET	RI	02895-4246
4. Business Phone No.	5. State of Incorporation			
	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
SERVE AS A COMMON CARRIER FOR, PRIMARILY, HOUSEHOLD GOODS; AND TO PROVIDE STORAGE FOR SAME

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ROBERT WALASON			ROBERT WALASON		
Street Address			Street Address		
68 S MAIN ST STE 2			68 S MAIN ST STE 2		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02865-4246	WOONSOCKET	RI	02865-4246
Secretary Name			Treasurer Name		
ROBERT WALASON			ROBERT WALASON		
Street Address			Street Address		
68 S MAIN ST STE 2			68 S MAIN ST STE 2		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02865-4246	WOONSOCKET	RI	08265-4246

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	0
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

Signature *Date* 2-5-09

ROBERT WALASON
Print or Type Name

[redacted]
PRESIDENT
Title

FILED
File Date FEB 12 2009
Check No.
By: By 5208
FOR SECRETARY OF STATE USE ONLY

30803-5-347399

Form 630 Rev. 08/08