

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(6	(&d)) is subject to a pen	alty fee of \$25.00.	using to fue us unnual report a	niom ioirty (50) aays aji	er the time prescribea by	
1. Corporate ID No. 132236	1	2. Name of Corporation M.J.S. EXPRESS, INC				
3. Street Address Principal Business Office 292 MANTON AVENUE			PROVIDENCE	State RI	^{Zip} 02908	
4. Business Phone No. 401 270-4948	some of monportant					
	DPERATION OF A NA	TIONAL AND INTERN	ATIONAL MONEY WIRE AN			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A. President Name MILAGROS PAULINO			TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name SAME			
Street Address 1419 CHALKSTONE AVENUE			Street Address			
PROVIDENCE	State RI	<i>Ζίρ</i> 02909	Сііу	State	Zip	
Secretary Name SAME			Treasurer Name SAME			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDR Director Name MILAGROS PAULI		TORS: ("X" BOX FOR	ATTACHMENT) FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 1419 MANTON AVENUE			Street Address			
PROVIDENCE	State RI	73p 02909	City	State	Zip	
irector Name		Director Name				
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			: 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			1,000	SHARES	NON PAR VALU	
This report must be exerthis report must be exer	ecuted on behalf of the cuted on behalf of the	corporation by an authororporation by the recei	orized representative. If the cover or trustee.	rporation is in the hand	s of a receiver or trustee,	

Title

File Date	FILED
Check No.	FEB 2 7 2009
Ву:	By 2375
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declar		
including any accompanying sch	edules and statements, and that	all statements
contained herein are true and cor	rrect.	
Sulagros &	Queleno	2-26-09
Signature 🔾 V	Date	
MILAGROS PAULI	NO	
Print or Type Name		
PRESIDENT		