



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 2010

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. 118615		2. Name of Corporation MGM EXPRESS MOVERS INC.			
3. Street Address Principal Business Office 68 S MAIN ST STE 2			City WOONSOCKET	State RI	Zip 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT WALASON			Vice President Name ROBERT WALASON		
Street Address 68 S MAIN ST STE 2			Street Address 68 S MAIN ST STE 2		
City WOONSOCKET	State RI	Zip 02865-4246	City WOONSOCKET	State RI	Zip 02865-4246
Secretary Name ROBERT WALASON			Treasurer Name ROBERT WALASON		
Street Address 68 S MAIN ST STE 2			Street Address 68 S MAIN ST STE 2		
City WOONSOCKET	State RI	Zip 02865-4246	City WOONSOCKET	State RI	Zip 02865-4246
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value 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.

FILED

File Date: **MAR 23 2010**

Check No.:

By: **BY 5631**

FOR SECRETARY OF STATE USE ONLY

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: *Robert Walason* Date: **3/23/10**

Print or Type Name: **ROBERT WALASON**

Title: **PRESIDENT**