RALPH MOIL	tate of Rhode Island and Pro Office of the Secreta	
Scretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2013</u>	
1. ID No. <u>00079529</u> 2	2	
2. Exact Name of the Li	mited Liability Company <u>ADOME</u>	EY XPRESS SERVICES, LLC
3. State of Formation		
State: <u>RI</u>		
BUSINESS CONSULT 5. Principal Office Addre	ING, TAX, NOTARY PUBLIC ss	
	9 BROADWAY AWTUCKET State: <u>RI</u>	Zip: <u>02860</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:
	<u>OU KOMLAN ADOMEY</u> Contact Title O.BOX 8	PRESIDENT & OWNER
City or Town: PF	ROVIDENCE State: <u>RI</u>	Zip: <u>02901</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ANOUMOU KOMLAN ADOMEY	PO BOX 8 PROVIDENCE, RI 02901 USA
Changes Require Filin	RHODE ISLAND - DO NOT ALTER g of Form 642 - R.I.G.L. 7-16-11 DOMEY 145 COTTAGE STREET, AF	2 <u>7 9</u> PAWTUCKET, <u>RI</u> 02860
9. This report must be e	xecuted by an authorized person p	ursuant to R.I.G.L. 7-16-66 (b).

## **Signed this 29 Day of August, 2013 at 1:05:41 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

## By ANOUMOU K ADOMEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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