



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE  
CORPORATIONS DIV

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1. Entity ID Number <u>000117305</u>		2. Exact name of the Corporation <u>POCHO EXPRESS INC</u>			
3. Principal Office Address <u>484 Elmwood Av.</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	
4. Business Phone Number <u>(401) 781-6860</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>INTERNATIONAL MONEY WIRE</u>					
7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>ALEJANDRO TAWARES</u>		Vice-President Name <u>Same</u>			
Street Address <u>404 TAWARE AV</u>		Street Address			
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
Secretary Name <u>Same</u>		Treasurer Name <u>Same</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <u>Same</u>		Director Name <u>Same</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
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 <u>ALEJANDRO A. TAWARES</u>				Date <u>6/9/16</u>	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY 0276296

FORM 630 - Revised: 05/2016