



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015

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

2016 JUN -9 PM 12:39

1. Entity ID Number 000117305		2. Exact name of the Corporation FOCHO EXPRESS IDC			
3. Principal Office Address 484 Elmwood Av.		City PROVIDENCE	State RI	Zip 02907	
4. Business Phone Number (401) 781-6860		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island INTERNATIONAL MONEY TRANSFER					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALEJANDRO TAVARES			Vice-President Name SAME		
Street Address 202 TRARE AV.			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 SAME			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. 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 ALEJANDRO TAVARES				Date 6/9/16	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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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