



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

2016 SEP 16 AM 11:34

1. Entity ID Number <u>1040</u>		2. Exact name of the Corporation <u>Andrews Express and Storage Warehouse Incorp</u>	
3. Principal Office Address <u>10 FIR ST</u>		City <u>Newport</u>	State <u>RI</u>
		Zip <u>02840</u>	<u>created</u>
4. Business Phone Number <u>401-847-3600</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Packing, Moving and Storage of Household Goods</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>HARRY W. ANDREWS</u>		Vice-President Name <u>VALIERE ANDREWS</u>	
Street Address <u>10 FIR STREET</u>		Street Address <u>10 FIR STREET</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Secretary Name <u>FLO ANDREWS</u>		Treasurer Name	
Street Address <u>998 S. SILT DR</u>		Street Address	
City <u>PUEBLO WEST</u>	State <u>CO</u>	City	State
Zip <u>81007</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		<u>\$0.00</u>	
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. <u>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.</u>			
Name of Authorized Representative <u>Henry W. Andrews</u>		Date <u>9/15/16</u>	
Signature of Authorized Representative <u>Henry W. Andrews</u>		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

FILED

SEP 16 2016

By 283735

A.A.