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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2016 OCT 31 AM 9:32

1. Entity ID Number	2. Exact name of the Corporation			
000793934	Mateo Express, Inc.			
3. Principal Office Address		City	State	Zip
566 West 207 Street		New York	NY	10034
4. Business Phone Number		5. State of Incorporation		
917-529-0700		New York		

6. Brief description of the character of business conducted in Rhode Island

Money Transmission and Related Services

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Hector Aquino			Vice-President Name:		
Street Address: 566 West 207 Street			Street Address:		
City: New York	State: NY	Zip: 10034	City:	State:	Zip:
Secretary Name: Clara Hernandez			Treasurer Name:		
Street Address: 566 West 207 Street			Street Address:		
City: New York	State: NY	Zip: 10034	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Clara Hernandez			Director Name: Hector Aquino		
Street Address: 566 West 207 Street			Street Address: 566 West 207 Street		
City: New York	State: NY	Zip: 10034	City: New York	State: NY	Zip: 10034

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	24	Common	0
Changes require an additional filing.			

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	Date
Hector Aquino	10/27/2016

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

OCT 31 2016 10:02

By 287271

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov