



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

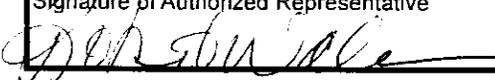
Annual Report for the year: 2017

Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR

1. Entity ID Number 118615		2. Exact name of the Corporation MGM Express Movers Inc.			
3. Principal Office Address 376 Dry Bridge Road, Ste # G1			City North Kingstown	State RI	Zip 02852
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island Serve as a common carrier for primary household goods and provide storage for same.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Walason			Vice-President Name Robert Walason		
Street Address 376 Dry Bridge Road, Ste # G1			Street Address 376 Dry Bridge Road, Ste # G1		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Robert Walason			Treasurer Name Robert Walason		
Street Address 376 Dry Bridge Road, Ste # G1			Street Address 376 Dry Bridge Road, Ste # G1		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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	Zip	City	State	Zip
Director Name			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		
			100		
			common		
			no par		
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. <i>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.</i>					
Name of Authorized Representative Robert Walason					Date 1/30/17
Signature of Authorized Representative 					

FILED

FEB 14 2017

BY 8213
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov