RI SOS Filing Number: 201734561160 Date: 2/21/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

FOR SECRETARY OF STATE ONLY

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.

1. Entity ID Number	2. Exact name of the Corporation
132236	**MJS EXPRESS, INC**

3. Principal Office Address	City	State	Zip
292 MANTON AVENUE	**PROVIDENCE**	**RI**	**02909**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
22 - Utilities	**OWNERSHIP AND OPERATION OF A NATIONAL AND INTERNATIONAL MONEY WIRE AND CELLULAR PHONE AND BEEPER**
5. State of Incorporation: **RHODE ISLAND**	

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

President Name: **MILAGROS PAULINO**			Vice-President Name: **SAME**		
Street Address: **119 ORTOLEVA DR**			Street Address:		
City: **PROVIDENCE**	State: **RI**	Zip: **02909**	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 ☐

Director Name: **MILAGROS PAULINO**			Director Name:		
Street Address: **119 ORTOLEVA DR**			Street Address:		
City: **PROVIDENCE**	State: **RI**	Zip: **02909**	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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	**SHARES**	**NON 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	Date
MILAGROS PAULINO	**02/16/2017**

Signature of Authorized Representative: Milagros Paulino

SIGN DOCUMENT HERE

FILED
FEB 21 2017
BY 3115 DS

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