



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
RECORD
AND
FILE

1. Entity ID Number 132236		2. Exact name of the Corporation MJS EXPRESS, INC			
3. Principal Office Address 292 MANTON AVENUE		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 22 - Utilities		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 MILAGROS PAULINO				Date 02/16/2017	
Signature of Authorized Representative <i>Milagros Paulino</i>				SIGN DOCUMENT HERE FILED FEB 21 2017	

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

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