



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 762620		2. Exact name of the Corporation RSXPress, Inc.			
3. Principal office address 740 Central Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-318-1500			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island Trucking and disposing maaterials					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Shappy, Jr.			Vice-President Name Robert Shappy, Jr.		
Street Address 1788 Victory Highway			Street Address 1788 Victory Highway		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Robert Shappy, Jr.			Treasurer Name Robert Shappy, Jr.		
Street Address 1788 Victory Highway			Street Address 788 Victory Highway		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Shappy, Jr.			Director Name		
Street Address 1788 Victory Highway			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$0.01

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.

File Date _____

FILED
FEB 21 2017

Check No _____

By: _____

Handwritten: 2050, 102

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.

Signature of Authorized Representative _____

Date _____

Robert Shappy, Jr.

Print or Type Name of Authorized Representative

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