



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.

1. Entity ID Number 46220		2. Exact name of the Corporation The Music Express Inc.			
3. Principal Office Address 30 Phenix Ave.			City Cranston	State RI	Zip 02920
4. NAICS Code 71 - Arts, Entertainment, and R	6. Brief description of the character of business conducted in Rhode Island Disc Jockey Services				
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 Michael H. Sarenson			Vice-President Name Robert W. Zompa, II		
Street Address 25 Elm Drive			Street Address 104 Regina Drive		
City Cranston	State RI	Zip 02920	City West Greenwich	State RI	Zip 02817
Secretary Name Michael H. Sarenson			Treasurer Name Robert W. Zompa, II		
Street Address 25 Elm Drive			Street Address 104 Regina Drive		
City Cranston	State RI	Zip 02920	City West Greenwich	State RI	Zip 02817
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 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
			300	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. 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 Michael H. Sarenson					Date 2/8/17
Signature of Authorized Representative 					

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

FILED**MAR 03 2017**

BY

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