



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 28 PM 2:37

1. Entity ID Number 109212		2. Exact name of the Corporation RAYON EXPRESS & COMMUNICATIONS INC			
3. Principal Office Address 124 ELMWOOD AVE		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 541213		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE INCOME TAX SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JEAN E MONDESTIL			Vice-President Name MARIE E MONDESTIL		
Street Address 29 ROBIN HOOD RD			Street Address 29 ROBIN HOOD RD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name			Treasurer Name		
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 JEAN E MONDESTIL			Director Name MARIE E MONDESTIL		
Street Address 29 ROBIN HOOD RD			Street Address 29 ROBIN HOOD RD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
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
		0			0.01
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 JEAN E MONDESTIL				Date 02/21/2018	
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

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BY

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FORM 630 - Revised: 10/2017