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 2018

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.	2. Exact name of the Corporation			
762620	RSXPress, Inc. (236210)			
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) ☐

President Name: Robert Shappy, Jr.			Vice-President Name: Robert Shappy, Jr.		
Street Address: 787 Beach Pond Road			Street Address: 787 Beach Pond Road		
City: Voluntown	State: CT	Zip: 06384	City: Voluntown	State: CT	Zip: 06384
Secretary Name: Robert Shappy, Jr.			Treasurer Name: Robert Shappy, Jr.		
Street Address: 787 Beach Pond Road			Street Address: 787 Beach Pond Road		
City: Voluntown	State: CT	Zip: 06384	City: Voluntown	State: CT	Zip: 06384

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Robert Shappy, Jr.			Director Name		
Street Address: 787 Beach Pond Road			Street Address		
City: Voluntown	State: CT	Zip: 06384	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

FILED
APR 05 2018

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

File Date _____
Check No _____
By: _____ BY 2018

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012