

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

1 Entity ID Number 0000789793		2 Exact name of the Corporation J & L EXPRESS, INC.			
3 Principal Office Address 179 PINE STREET			City PAWTUCKET	State RI	Zip 02860
4 NAICS Code 484120		6 Brief description of the character of business conducted in Rhode Island TRUCKING			
5 State of Incorporation RI					
7 List All officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name JOSE A DIAS			Vice-President Name		
Street Address 179 PINE STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name LANA M DIAS			Treasurer Name LANA M DIAS		
Street Address 179 PINE STREET			Street Address 179 PINE STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8 List All directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name JOSE A DIAS			Director Name LANA M DIAS		
Street Address 179 PINE STREET			Street Address 179 PINE STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10 Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
			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. <b>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.</b>					
Name of Authorized Representative JOSE A. DIAS				Date 4/16/18	
Signature of Authorized Representative JOSE DIAS					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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