

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) | | | | | Check the box to indicate an attachment |
| 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) | | | | | Check the box to indicate an attachment |
| 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | | COMMON | |
| 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 <i>Jose A. Dias</i> | | | | | 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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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