



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

FILED

MAR 18 2020

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2020**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

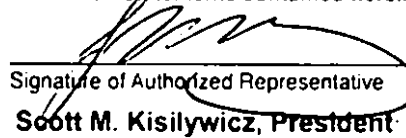
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 103535		2. Exact name of the Corporation Offshore Express Inc.			
3. Principal office address 65 Pershing Avenue			City Wakefield	State RI	Zip 02879
4. Business Phone No 401/641-4587			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Trucking commodities to and from business locations. 484110					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott M. Kisilywicz			Vice-President Name Scott M. Kisilywicz		
Street Address 65 Pershing Avenue			Street Address 65 Pershing Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Scott M. Kisilywicz			Treasurer Name Scott M. Kisilywicz		
Street Address 65 Pershing Avenue			Street Address 65 Pershing Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Scott M. Kisilywicz			Director Name		
Street Address 65 Pershing Avenue			Street Address		
City Wakefield	State RI	Zip 02879	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) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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 1-30-20
Scott M. Kisilywicz, President Date

Print or Type Name of Authorized Representative