State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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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BUS SVCS DIV
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STAMP

1. Entity ID Number	2. Exact name of the Corporation			
000117305	Pocho Express, Inc.			
3. Principal Office Address		City	State	Zip
484 Elmwood Ave.		Providence	RI	02907
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812990	International Money Wire			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Alejandro A. Tavarez					
Street Address			Street Address		
484 Elmwood Ave					
City	State	Zip	City	State	Zip
Prov	RI	02907			
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			Director Name		
Alejandro A. Tavarez					
Street Address			Street Address		
484 Elmwood ave					
City	State	Zip	City	State	Zip
Prov	RI	02907			
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000		0

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	Date
X Alejandro A. Tavarez	4/01/21
Signature of Authorized Representative	
X	FILED

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020