RI SOS Filing Number: 202197841020 Date: 6/4/2021 3:42:00 PM

State of Rhode Island Department of S	State - Busine	ess Serviçes D	ivision				
Annual Report for the year:  Corporation  → Filing period: January 1 - March 1  → Filing Fee: \$50.00  → Penalty Additional \$25.00 fee if form is not filed by April 1.					RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV		
1. Entity ID Number		Z	// JIN -1	1 D 3 115			
00171 3260	Wally	e of the Corporation  I and Sons	Expres.	J Inc			
Principal Office Address			City		State	Zip	
12 lampher st			West w	*Wick	RÌ	02893	
4. NAICS Code 48410  5. State of Incorporation		iption of the characte Delivery	er of business condi	ucted in Rhode Isla	and		
7. List ALL officers (names and	addresses)			Check th	e box to indi	cate an attachment	
President Name Toni am Ramsey			Vice-President Name				
Street Address 12 Cun Phear Street			Street Address				
City State Zip			City State Zip				
w. warwick Ri 62895							
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	Stale	Zip	City	<del></del>	State	Zip	
List ALL directors (names and addresses)			1	Check th	ne box to indi	cate an attachment	
Director Name	Director Name						
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issu			e box to indi	cate an attachment 🔲	
This information is currently of re Department of State.	ecord in the	NUMBER OF S		CLASS/SERIES	1	PAR VALUE	
Changes require an additional fili	ing.	1,000	/				
<ol> <li>This report must be execute trustee, this report must be execute</li> </ol>					ation is in the	hands of a receiver or	
Under penalty of perjury, I de	clare and affirm t	hat I have examine	d this report, inclu		anying sch	edules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
			06-04-2621				
Signature of Authorized Repres	entative				1	· · · · · · · · · · · · · · · · · · ·	
Toni ann Damsey  Signature of Authorized Representative  Tomera Cunses FILED							
MAIL TO:	-		liki n a anar				

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN U 4 ZUZI

FORM 630 - Revised: 08/2020

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 04, 2021 03:42 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

