



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 Amended
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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| | | | |
|--|--------------------|---|---------------------------|
| 1. Entity ID Number <u>001713260</u> | | 2. Exact name of the Corporation <u>Wally and sons Express inc</u> | |
| 3. Principal Office Address <u>12 Langher st</u> | | City <u>West Warwick</u> | State <u>RI</u> |
| 4. NAICS Code <u>48410</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>local Delivery</u> | |
| 5. State of Incorporation <u>RI</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>MARK P Lopez</u> | | Vice-President Name | |
| Street Address <u>12 Langher st</u> | | Street Address | |
| City <u>West Warwick</u> | State <u>RI</u> | Zip <u>02893</u> | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| | | NUMBER OF SHARES <u>1,000</u> | CLASS/SERIES 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. 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 <u>MARK P Lopez</u> | | Date <u>6/21/21</u> | |
| Signature of Authorized Representative | | | |

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JUN 21 2021 9:25 A.M.

BY A.A.

MAIL TO:
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