



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 17 2023
BY adef
OS

1. Entity ID Number 103535		2. Exact name of the Corporation Offshore Express Inc.												
3. Principal Office Address 26 West Shannock Road			City Richmond	State RI	Zip 02875									
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Trucking commodities to and from business locations.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Scott M. Kisilywicz			Vice-President Name Scott M. Kisilywicz											
Street Address 26 West Shannock Road			Street Address 26 West Shannock Road											
City Richmond	State RI	Zip 02875	City Richmond	State RI	Zip 02875									
Secretary Name Scott M. Kisilywicz			Treasurer Name Scott M. Kisilywicz											
Street Address 26 West Shannock Road			Street Address 26 West Shannock Road											
City Richmond	State RI	Zip 02875	City Richmond	State RI	Zip 02875									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Scott M. Kisilywicz			Director Name											
Street Address 26 West Shannock Road			Street Address											
City Richmond	State RI	Zip 02875	City	State	Zip									
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 <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par value			
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100	common	no 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 Scott M. Kisilywicz, President				Date 3-6-23										
Signature of Authorized Representative 														