



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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 21 P 2:20

1. Entity ID Number 000109212		2. Exact name of the Corporation RAYON EXPRESS & COMMUNICATION INC.			
3. Principal Office Address 124 ELMWOOD AVENUE		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 541213		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE INCOME TAX SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEAN E MONDESTIL			Vice-President Name MARIE E MONDESTIL		
Street Address 29 ROBIN HOOD ROAD			Street Address 29 ROBIN HOOD ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
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 <input type="checkbox"/>					
Director Name JEAN E MONDESTIL			Director Name MARIE E MONDESTIL		
Street Address 29 ROBIN HOOD ROAD			Street Address 29 ROBIN HOOD ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		800	STK	0.0100	
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 JEAN E MONDESTIL				Date 04/19/2023	
Signature of Authorized Representative 				FILED	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 21 2023

BY

FORM 630 - Revised: 2/2023