



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 25 2023

2149

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 41874		2. Exact name of the Corporation Ex-Press Parts, Inc			
3. Principal Office Address 394 Smith Street			City North Kingstown	State RI	Zip 02852
4. NAICS Code 333517		6. Brief description of the character of business conducted in Rhode Island Precision machine parts			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward F Bucklin 4th			Vice-President Name Edward F Bucklin 4th		
Street Address 394 Smith Street			Street Address 394 Smith Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Edward F Bucklin 4th			Treasurer Name Edward F Bucklin 4th		
Street Address 394 Smith Street			Street Address 394 Smith Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward F Bucklin 4th			Director Name		
Street Address 394 Smith Street			Street Address		
City North Kingstown	State RI	Zip 02852	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			60	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 Edward F Bucklin 4th					Date 4/20/23
Signature of Authorized Representative <i>Edward F Bucklin 4th</i>					

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