

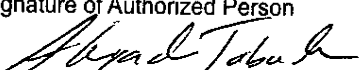
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Annual Report for the year: 2023  
Limited Liability Company

- 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<br><b>001667315</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>CELLULAR EXPRESS LLC</b>                                                         |                    |
| 3. NAICS Code<br><b>44132 443142</b>                                                                                                                                                                    |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>CELL PHONE / ACCESSORIES AND TELEPHONE SERVICES</b> |                    |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                            |  |                                                                                                                                       |                    |
| 6. Principal Office Address<br><b>870 DEXTER STREET</b>                                                                                                                                                 |  | City<br><b>CENTRAL FALLS</b>                                                                                                          | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02863</b>                                                                                                                   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                       |                    |
| Contact Name<br><b>ALEXANDER TABORDA</b>                                                                                                                                                                |  | Contact Title<br><b>OWNER</b>                                                                                                         |                    |
| Street Address<br><b>870 DEXTER ST</b>                                                                                                                                                                  |  | City<br><b>CENTRAL FALLS</b>                                                                                                          | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02863</b>                                                                                                                   |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                                       |                    |
| 9. 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 Person<br><b>ALEXANDER TABORDA</b>                                                                                                                                                   |  | Date<br><b>08/03/2023</b>                                                                                                             |                    |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                                                       |                    |

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## MAIL TO:

Division of Business Services

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