



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

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

APR 24 2024

BY

2200
DS

1. Entity ID Number 000046220		2. Exact name of the Corporation The Music Express Inc	
3. Principal Office Address 30 Phenix Avenue		City Cranston	State RI
		Zip 02920	
4. NAICS Code 711500	6. Brief description of the character of business conducted in Rhode Island Disc Jockey Services		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Michael H Sarenson		Vice-President Name Robert W Zompa II	
Street Address 25 Elm Drive		Street Address 104 Regina Drive	
City Cranston	State RI	City West Greenwich	State RI
Zip 02920		Zip 02817	
Secretary Name Michael H Sarenson		Treasurer Name Robert W Zompa II	
Street Address 25 Elm Drive		Street Address 104 Regina Drive	
City Cranston	State RI	City West Greenwich	State RI
Zip 02920		Zip 02817	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		300	Common
			No Par
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. <i>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.</i>			
Name of Authorized Representative Michael H Sarenson			Date 4/17/24
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov