



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
 Corporation _____

MAY 01 2024 STAMP
 20731

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

| | | | | | |
|---|--------------------|--|---|------------------------|---------------------|
| 1. Entry 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, 484121 | | 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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 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 1/24/24 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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