



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. Entity 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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
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 <b>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.</b>					
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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