	Sta	ate of Rhode I	sland	Fee: \$50.00
		of the Secreta		
		on Of Business 148 W. River St		
Providence RI 02904-2615				
1636		(401) 222-304	0	
Limited Liability	Company			
Annual Report Filing Period: Febru	ary 1 - May 1			
In accordance with	R.I.G.L. 7-16-66(d), each	limited liability	company failing c	or
refusing to file its annual report within thirty (30) days after the time prescribed by				
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>				
1. ID No. <u>001724325</u>				
2. Exact Name of the Limited Liability Company <u>HM EXPRESS LLC</u>				
3. State of Format	ion			
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>484121</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
GENERAL FREIGHT TRUCKING				
5. Principal Office	Address			
No. and Street:	VINEYARD ST			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02907</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: <u>H</u>	ECTOR L VIZCAINO Con	itact Title:		
No. and Street:	VINEYARD ST		00007	
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02907</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
HECTOR L VIZCAINO 49 WAVERLY ST. PROVIDENCE , RI 02907				

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of June, 2024 at 7:06:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>HECTOR L VIZCAINO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved