



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2025**

**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**  
**MAR 18 2025**  
**BY 4513** *02*

1. Entity ID Number <b>000014994</b>		2. Exact name of the Corporation <b>Vito's Express, Inc.</b>			
3. Principal Office Address <b>50 Maria Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>484210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Moving Business</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert Ambrosino</b>			Vice-President Name <b>Robert Ambrosino</b>		
Street Address <b>50 Maria Avenue</b>			Street Address <b>50 Maria Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Robert Ambrosino</b>			Treasurer Name <b>Robert Ambrosino</b>		
Street Address <b>50 Maria Avenue</b>			Street Address <b>50 Maria Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			<b>400</b>	<b>Common</b>	<b>No Par</b>
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 <b>Robert Ambrosino</b>					Date <b>3/13/25</b>
Signature of Authorized Representative <i>Robert Ambrosino</i>					

**MAIL TO:**

**Division of Business Services**

**148 W. River Street, Providence, Rhode Island 02904-2615**

**Phone: (401) 222-3040**

**Website: www.sos.ri.gov**