



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

APR 21 2025

(CBA)

BY 2262

1. Entity ID Number <u>000046220</u>		2. Exact name of the Corporation <u>The Music Express Inc.</u>	
3. Principal Office Address <u>30 Phenix Ave</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>711510</u>		6. Brief description of the character of business conducted in Rhode Island <u>DJ Services</u>	
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses)	
President Name <u>Michael H. Sorenson</u>		Check the box to indicate an attachment ☐	
Street Address <u>25 Elm Drive</u>		Vice-President Name <u>Robert W. Zampa II</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>West Greenwich</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02817</u>	
Secretary Name <u>Michael H. Sorenson</u>		Treasurer Name <u>Robert W. Zampa II</u>	
Street Address <u>25 Elm Drive</u>		Street Address <u>104 Regional Drive</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>West Greenwich</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02817</u>	
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	
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES <u>3000</u>	CLASS/SERIES <u>Common</u>
			PAR VALUE <u>No Par</u>
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 <u>[Signature]</u>		Date <u>1/28/25</u>	
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