State of Rhode Island Department of State - Business Services Division					25 BCO STAINT		
Annual Report for the year: 2025 Am Swp ED					# XX		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					RIDOS BSD 30 FM3:24:07	Control of August 1997	
Penalty: Additional \$25.00 to	ee if form is not fill 2. Exact name of		-				
000132236	H.J.S. Express inc						
3. Principal Office Address	11.0.0.	CAPTER	City	<u></u>	State	Zip	
292 Hanton Avenue			Pro	vidence	RI	02909	
4. NAICS Code	6. Brief description	on of the character	of busines	s conducted in Rhode			
443142 5. State of Incorporation RT	6. Brief description of the character of business conducted in Rhode Island Ownership and operation of mobile phones electro repairs, mobile phones / accessories sales and bill payments corporation.						
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
Street Address -7 A -	Jayro Acevedo			Vice-President Name Street Address			
t6 Touro		Ta:	<u> </u>		IState		
City Providence	State RT	Zip 02904			15100	1735	
Secretary Name		1 1	Treasurer	Name		- ,	
Street Address				Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	ldresses)		<u></u>	Check the b	ox to indica	te an attachment 🗆	
Director Name				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 Issue				nte an attachment [
This information is currently of recor Department of State.	(Same)	NUMBER OF SHARES		CLASS/SERIES CNP		\$0	
Changes require an additional filing.							
11. This report must be executed or ceiver or trustee, this report must be	e executed on beh	alf of the corporat	ion by the	receiver or trustee,			
Under penalty of perjury, I declar statements, and that all statemen				t, including any accor	npanying s	cnedules and	
Name of Authorized Representative Jayro Acevedo					Date 7 -	30-2029	
Signature of Authorized Representa	ative			3:2910	•		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island-02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUL 3 0 2025

FORM 630- Revised: 12/2023

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