RI SOS Filing Number: 200703504250 Date: 11/29/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing 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.

1. ID No.	2. Exact name of the limited liability company
120511	ARTIC LAUNDROMAT L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LAUNDRY/DRY CLEANING

5. Principal office address	City	State	Zip
126 Roberts Street	West Warwick	R.I.	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Elizabeth Mitura	Manager

Street Address	City	State	Zip
126 Roberts Street	West Warwick	R.I.	02893

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Elizabeth Mitura	
Street Address	Street Address
126 Roberts Street	
City / State / Zip: West Warwick / R.I / 02893	City / State / Zip:
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip:	City / State / Zip:

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
GEORGE KASPER	

Address	City	Zip
375 PUTNAM PIKE	SMITHFIELD	02917-

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

[redacted]

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.

Signature of Authorized Person — *Date* 11/14/2007

[redacted]

George K. Kasper
Print or Type Name of Authorized Person

FILED
File Date NOV 28 2007
Check No. By 3648
By:
16261-2-203435
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Form 632 Rev. 07/07