



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                                                                                 |              |                                               |                                                                     |              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------|---------------------------------------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>120779                                                                                                                                                                                                                                   |              | 2. Name of Corporation<br>RS Management, Inc. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>5 CATHEDRAL SQUARE                                                                                                                                                                                               |              |                                               | City<br>PROVIDENCE                                                  | State<br>RI  | Zip<br>02903 |
| 4. Business Phone No.<br>401-521-3538                                                                                                                                                                                                                           |              | 5. State of Incorporation<br>RHODE ISLAND     |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To purchase, own, operate, manage, sell, service and/or lease laundry equipment; to provide coin operated laundry equipment and/or services in housing developments of all types |              |                                               |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                                                                               |              |                                               |                                                                     |              |              |
| President Name<br>Robert R. Gaudreau, Jr.                                                                                                                                                                                                                       |              |                                               | Vice President Name<br>Arthur Kramer                                |              |              |
| Street Address<br>5 Cathedral Square                                                                                                                                                                                                                            |              |                                               | Street Address<br>5 Cathedral Square                                |              |              |
| City<br>Providence                                                                                                                                                                                                                                              | State<br>RI  | Zip<br>02903                                  | City<br>Providence                                                  | State<br>RI  | Zip<br>02903 |
| Secretary Name<br>Scott Gaudreau                                                                                                                                                                                                                                |              |                                               | Treasurer Name<br>Scott Gaudreau                                    |              |              |
| Street Address<br>5 Cathedral Square                                                                                                                                                                                                                            |              |                                               | Street Address<br>5 Cathedral Square                                |              |              |
| City<br>Providence                                                                                                                                                                                                                                              | State<br>RI  | Zip<br>02903                                  | City<br>Providence                                                  | State<br>RI  | Zip<br>02903 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                                                                              |              |                                               |                                                                     |              |              |
| 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                                                                                                          |              |                                               | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES                                                                                                                                                                                                                                               |              |                                               | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
| Number of Shares                                                                                                                                                                                                                                                | Class/Series | Par Value                                     | Number of Shares                                                    | Class/Series | Par Value    |
| 8,000 NO PAR VALUE                                                                                                                                                                                                                                              |              |                                               | 100                                                                 | Common       | No/0         |
|                                                                                                                                                                                                                                                                 |              |                                               |                                                                     |              |              |

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>FILED</b>                    |             |
| File Date                       | JAN 14 2008 |
| Check No.                       | 5131        |
| By:                             | By          |
| FOR SECRETARY OF STATE USE ONLY |             |

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 Scott Gaudreau Date 1/13/08  
Print or Type Name  
Secretary/Treasurer  
Title