



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. 124601		2. Name of Corporation FELRAP WORLD, INC.			
3. Street Address Principal Business Office 71 KICKEMUIT COURT			City SWANSEA	State MA	Zip 02777
4. Business Phone No. 401-245-4796		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL AND WHOLESALE OF EQUIPMENT, PARTS AND SUPPLIES RELATED TO THE LAUNDRY BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH R. FERNANDES		Vice President Name KAREN M. FERNANDES			
Street Address 71 KICKEMUIT COURT		Street Address 71 KICKEMUIT COURT			
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
Secretary Name JOSEPH R. FERNANDES		Treasurer Name KAREN M. FERNANDES			
Street Address 71 KICKEMUIT COURT		Street Address 71 KICKEMUIT COURT			
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH R. FERNANDES		Director Name KAREN M. FERNANDES			
Street Address 71 KICKEMUIT COURT		Street Address 71 KICKEMUIT COURT			
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
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
1,000	NO PAR VALUE		100	COMMON	NO PAR VALUE

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.

**FILED**

File Date **JAN 15 2008**

Check No. **6262**

By: **[Signature]**

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]** Date **1/10/08**

KAREN M. FERNANDES

Print or Type Name

VICE PRESIDENT

Title