

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

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 falling 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. 000276359	2. Name of Corpora					
3. Street Address Principal Business Office 21 HUNTINGHOUSE ROAD			N. SCITUATE	State RI	2ip 02857	
4. Business Phone No. 401-568-0285	5. State of Incorporation RHODE ISLAN		n			
6. Brief Description of the Character REPAIRS, MAINTENANC	of Business Conducted E, PARTS AND S	in Rhode Island ALES OF LAUNDRY N	MACHINES AND EQUIPME	NT		
7- NAMES AND ADDRESSES President Name RICHARD POULIN	5 OF THE OFFICE	RS: ("X" BOX FOR AT	TTACHMENT) THE FILL IN S	PACES BEFORE USING	G ATTACHMENTS	
Street Address 21 HUNTINGHOUSE ROAD			Street Address			
N. SCITUATE	State RI	<i>Ζψ</i> 02857	City	State	Zip	
Secretary Name DEBORAH POULIN	·· #•	()) ()) (Treasurer Name		······································	
Street Address 21 HUNTINGHOUSE ROAD			Street Address			
City N. SCITUATE	State RI	zφ 02857	Gity	State	Zip	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECT	ORS: ("X" BOX FOR	ATTACHMENT) TILL IN Director Name	SPACES BEFORE USI	NG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name		J	Director Name			
Street Address			Street Address			
City	State	Zip	СШу	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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			And the second of the second		of the beauties	
This report must be executed this report must be executed	on behalf of the co	corporation by an author orporation by the receive	rized representative. If the co	orporation is in the hand	ls of a receiver or trustee,	

File Date	FILED
Check No.	JAN 2 2 2008
_{By:} By .	1014 mnc
FO	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and including any accompanying schedules	affirm that I have exami	ned this report,
contained herein are true and correct.	Paulen	1/20/08
Signature	Date	
RICHARD POULIN		
Print or Type Name		
PRESIDENT		
Title		