



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. 159346		2. Name of Corporation Superior Coin-Op Service, Inc.			
3. Street Address Principal Business Office 1939 PIMASANT Street			City Fall River	State MA	Zip 02723
4. Business Phone No. (508) 672-5830		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island laundry lease company					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carl Superior			Vice President Name		
Street Address 35 Rebecca Road			Street Address		
City South Dartmouth	State MA	Zip 02748	City	State	Zip
Secretary Name Carl Superior			Treasurer Name Carl Superior		
Street Address 35 Rebecca Road			Street Address 35 Rebecca Road		
City South Dartmouth	State MA	Zip 02748	City South Dartmouth	State MA	Zip 02748
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Carl Superior			Director Name		
Street Address 35 Rebecca Rd.			Street Address		
City S. Dartmouth	State MA	Zip 02748	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
8000	COMMON	NO PAR VALUE	100	COMMON	NO
THIS SECTION MUST BE COMPLETED					

RECEIVED
CORPORATION DIVISION
STATE OF RHODE ISLAND
FEB 07 2008 PM 12:22

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.

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: [Signature] Date: 1/15/08
Print or Type Name: Carl Superior
Title: President

File Date: **FILED** 12:22
Check No.: **FEB 07 2008**
By: [Signature] 49076
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