



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. 147874		2. Name of Corporation NGUYEN BROTHERS INC			
3. Street Address: Principal Business Office 1115 CHALKSTONE AVENUE		City PROVIDENCE	State RI	Zip 02908	
4. Business Phone No. 401-831-3111		5. State of Incorporation			
6. Brief Description of the Character of Business Conducted in Rhode Island DRY CLEAN AND LAUNDRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANNY NGUYEN			Vice President Name DAN H. NGUYEN		
Street Address 33 SHERBROOKE AVENUE			Street Address 434 ELM - STREET		
City BRAINTREE	State MA	Zip 02184	City BRAINTREE	State MA	Zip 02184
Secretary Name DANNY NGUYEN			Treasurer Name DAN H. NGUYEN		
Street Address 33 SHERBROOKE AVENUE			Street Address 434 ELM STREET		
City BRAINTREE	State MA	Zip 02184	City BRAINTREE	State MA	Zip 02184
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DANNY NGUYEN			Director Name DAN H. NGUYEN		
Street Address 33 SHERBROOKE AVENUE			Street Address 434 ELM - STREET		
City BRAINTREE	State MA	Zip 02184	City BRAINTREE	State MA	Zip 02184
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000			NONE		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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.

File Date	FILED
Check No.	MAR 04 2008
By	051583
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.

2/13/2008
Signature **DANNY NGUYEN** Date
Print or Type Name
PRESIDENT
Title