

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.

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1. Corporate ID No. 13849	2. Name of Corporation Nooseneck Laundromat, Inc.				
3. Street Address Principal Business Office 1A Liena Rose Way			City Coventry	State RI	<i>хір</i> 02816
4. Business Phone No. 5. State of Incorporation 401-828-8700 RHODE ISLAND					
•	mat and related busir	ness including purchas	sing and mortgaging of real e		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name			Vice President Name		
John R. Assaione			Carmine Olivieri		
Street Address 1A Liena Rose Way			Street Address 1A Liena Rose Way		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Secretary Name Arnold N. Montaquila			Treasurer Name None		
Street Address 400 Reservoir Avenue, Suite 3A			Street Address		
City Providence	State RI	<i>χ</i> φ <b>02907</b>	Ctty	State	Zip
8. NAMES AND ADDRESSES	1		: A <i>CHMENT</i> ) □ FILL IN SPAC	I CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
None					
Street Address			Street Address		
City	State	ZΦ	Сиу	State	Хір
Director Name	J		Director Name		
Street Address			Street Address		
City	State	Zip	City	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		
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			2,000	Common	No Par Value
			73.33 -		
This report must be executed this report must be executed or				ation is in the hands of a	receiver or trustee,

File Date FILED				
Check No. FEB 2 0 2008  By: By - 5 00 2008  FOR SECRETARY OF STATE USE ONLY				

	re and affirm that I have examined this report, edules and statements, and that all statements rect.
Signature	Date
John R. Assalone Print or Type Name	_
President	