



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. 87048		2. Name of Corporation A.B.S. LAUNDROMAT, INC.			
3. Street Address Principal Business Office 257 BULLOCKS POINT AVENUE			City RIVERSIDE	State RI	Zip 02915
4. Business Phone No. 433-9825		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island LAUNDROMAT					
7. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KOULA ROUGAS			Vice President Name WILLIAM A. ROUGAS		
Street Address 344 COMSTOCK PARKWAY			Street Address 344 COMSTOCK PARKWAY		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name WILLIAM A. ROUGAS			Treasurer Name KOULA ROUGAS		
Street Address 344 COMSTOCK PARKWAY			Street Address 344 COMSTOCK PARKWAY		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM A. ROUGAS			Director Name KOULA ROUGAS		
Street Address 344 COMSTOCK PARKWAY			Street Address 344 COMSTOCK PARKWAY		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (<input checked="" type="checkbox"/> X BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED (<input checked="" type="checkbox"/> X BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	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: FEB 25 2008

Check No.:

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] 2-21-08
Signature Date
KOULA ROUGAS
Print or Type Name
PRESIDENT
Title