



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. 68963		2. Name of Corporation D.P.'s One Stop Laundry & Dry Cleaning, Inc.			
3. Street Address Principal Business Office 2274 West Shore Road			City Warwick	State RI	Zip 02886
4. Business Phone No. 4017321773		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Business of coin-operated, Self-service, Laundry and Drycleaning					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel O Perez			Vice President Name Michelle Perez		
Street Address 81 Howard Ave			Street Address 81 Howard Ave		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Michelle Perez			Treasurer Name Daniel O Perez		
Street Address 81 Howard Ave			Street Address 81 Howard Ave		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel O Perez			Director Name Michelle Perez		
Street Address 81 Howard Ave			Street Address 81 Howard Ave		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
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
4,000	NO PAR VALUE		200		NO PAR

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.

Daniel O Perez 3-24-08  
Signature Date

DANIEL O PEREZ  
Print or Type Name

PRESIDENT  
Title

File Date: march 31, 2008  
Check No.: 557  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY