



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 99165		2. Exact name of the limited liability company Ruth Shay Company, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Laundry			
5. Principal office address 581 Cowesett RD		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Louis DeCiantis		Contact Title Secretary			
Street Address 581 Cowesett Rd		City Warwick	State RI	Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name N/A		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Carl P. DeLuca, Esq.		Address			
Address 631 Jefferson Blvd		City Warwick, RI	Zip 02886		

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By *KMC*

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

99165

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

Louis DeCiantis, Jr.
Signature of Authorized Person Date **7/23/08**

Louis DeCiantis, Jr., Secretary

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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