

FOR SECRETARY OF STATE USE ONLY

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 200 8 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- subject to a penalty fee of \$25.00.	1501(e), each corporation	failing or refusing to file its and	uual report within thirty (30) da	ys after the time prescribed by lau	o (R.I.G.L. 7-1.2-1501(c&d)) is
1 Corporate ID No. 113314	2. Name of Corporation JAIN'S LAUNDROMAT, INC.				
3. Street Address Principal Business Office 39 PUTMAN PIKE			City JOHNSTON	State RI	<i>ZΨ</i> 02912
4. Business Phone No. 5. State of Incorporation 401-722-5803 RHODE ISLAND					
6. Brief Description of the Character	of Business Conducted in	Rhode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name SRIPAL K JAIN			Vice President Name KAUSHAL JAIN		
Street Address 1 PADDOCK DRIVE			Street Address 1 PADDOCK DRIVE		
City LINCOLN	State RI	^{Zφ} 02866	City LINCOLN	State RI	^{Zip} 02866
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Street Address			CACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address		
City	State	Zip	City	State	Zip
• • • • • • • • • • • • • • • • • • • •			***************************************		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1000	COMMON	NO PAR
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This report must be executed this report must be executed			or trustee. Under penalty of p including any acco	erjury, I declare and affirm th	of a receiver or trustee, nat I have examined this reportements, and that all statements
File Date FILED	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Signature	The Comment	Date
Check No. OCT 14 2008	<i></i>		SRIPAL K JA Print or Type Name		

PRESIDENT

Title