



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 2009

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. 46147		2. Name of Corporation J.J.Cleanders, Inc.			
3. Street Address Principal Business Office 155 Market Street		City Warren		State RI	Zip 02886
4. Business Phone No. 401-245-8616		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Dry Cleaning					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. Sheridan			Vice President Name Raymond G. Poulin		
Street Address 2 Matthew Drive			Street Address 418 New River Road		
City Warren	State RI	Zip 02885	City Lincoln	State RI	Zip 02838
Secretary Name Christine P. Poulin			Treasurer Name Pauline Sheridan		
Street Address 418 New River Road			Street Address 2 Matthew Drive		
City Lincoln	State RI	Zip 02838	City Warren	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John J. Sheridan			Director Name		
Street Address 2 Matthew Drive			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	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.

File Date	
Check No.	
By:	
FILED	
JAN 14 2009	
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: [Signature] Date: 1/3/09

Print or Type Name: John J. Sheridan

Title: President