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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.	2. Name of Corporation			
124793	Freeway Laundry, Inc.			
3. Street Address Principal Business Office		City	State	Zip
390 Waterman Avenue		East Providence	RI	02914
4. Business Phone No.	5. State of Incorporation			
401-435-5050	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Automatic coin and self-service laundry				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Constantinos Perdikakis	126 Beechwood Drive	Cranston	RI	02920
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Antonia Perdikakis	126 Beechwood Drive	Cranston	RI	02920
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Constantinos Perdikakis	126 Beechwood Drive	Cranston	RI	02920
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Antonia Perdikakis	126 Beechwood Drive	Cranston	RI	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Constantinos Perdikakis	126 Beechwood Drive	Cranston	RI	02920`
Director Name	**Street Address**	**City**	**State**	**Zip**
Antonia Perdikakis	126 Beechwood Drive	Cranston	RI	02920`
Director Name	**Street Address**	**City**	**State**	**Zip**
None				
Director Name	**Street Address**	**City**	**State**	**Zip**
None				

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*
	100	Common	No Par Value
	THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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 *Date* 1/14/09

Constantinos Perdikakis
Print or Type Name

[redacted] President
Title

FILED
File Date JAN 26 2009
Check No.
By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08