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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of Sta
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

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			
128908	Courtesy Cleaners, Inc.			
3. Street Address Principal Business Office		City	State	Zip
13 Industrial Lane		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			
(401) 223-0380	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Dry cleaning and laundering service, all aspects of garment care.

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

President Name	Street Address	City	State	Zip
Peter D. Baffoni	80 Clark Road	Smithfield	RI	02917

Vice President Name	Street Address	City	State	Zip
Edmund M. Ricci	15 Marion Drive	Coventry	RI	02816

Secretary Name	Street Address	City	State	Zip
Edmund M. Ricci	15 Marion Drive	Coventry	RI	02816

Treasurer Name	Street Address	City	State	Zip
Peter D. Baffoni	80 Clark Road	Smithfield	RI	02917

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

Director Name	Street Address	City	State	Zip
Peter D. Baffoni	80 Clark Road	Smithfield	RI	02917

Director Name	Street Address	City	State	Zip
Edmund M. Ricci	15 Marion Drive	Coventry	RI	02816

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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]

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.

Peter Baffoni 2-2-09
Signature *Date*

Peter D. Baffoni
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. FEB 17 2009
By 11820
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