RI SOS Filing Number: 200942565960 Date: 02/18/2009 4:00 PM

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			
537	AIRWAY CLEANSERS, INC.			
3. Street Address Principal Business Office		City	State	Zip
ONE FRANKLIN SQUARE		PROVIDENCE	R.I.	02903
4. Business Phone No.	5. State of Incorporation			
(401) 274-5560	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
DRY CLEANING BUSINESS

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

President Name	Vice President Name
GERARD DiSANTO	GERARD DiSANTO
Street Address: ONE FRANKLIN SQUARE	Street Address: ONE FRANKLIN SQUARE
City: PROVIDENCE State: R.I. Zip: 02903	City: PROVIDENCE State: R.I. Zip: 02903
Secretary Name	**Treasurer Name**
GERARD DiSANTO	GERARD DiSANTO
Street Address: ONE FRANKLIN SQUARE	Street Address: ONE FRANKLIN SQUARE
City: PROVIDENCE State: R.I. Zip: 02903	City: PROVIDENCE State: R.I. Zip: 02903

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

Director Name	Director Name
GERARD DiSANTO	
Street Address: 729 CENTRAL AVE.	Street Address:
City: JOHNSTON State: R.I. Zip: 02919	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED
500 COMMON NO PAR VALUE

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
500	COMMON	NO 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.

[redacted]

FILED
File Date
FEB 18 2009
Check No.
By 176712

FOR SECRETARY OF STATE USE ONLY
31280-8-348813

[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* 2/9/09

GERARD DiSANTO
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 Rev. 08/08