

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 300 401.222.30
Filling Portod: January 1 - March 1 - Filling Foo: \$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 refixing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is

| subject to a penalty fee of \$25.00 | • | , | | -yy y | |
|---|---|-------------------------------------|---------------------------|---------------------------------------|---|
| 1. Curporate ID No. | 2. Name of Corpora | | ` v\ | | |
| 155766 | <u> </u> | ne Laundry, I | -11C. | T _ | 1 |
| 3. Street Address Principal Busin | ress Office | | Lincoln | State R.I | 02865 |
| 194 Reservoi | 1 AVC | 5. State of Incorporation | Lincom | 17.— | 0000 |
| (401) | 305-5785 | RI | | | |
| 6. Brief Description of the Chara | | in Rhode Island | | · · · · · · · · · · · · · · · · · · · | |
| Laundroma | | | | | |
| | SES OF THE OFFICE | ES: ("X" BOX FOR ATTA | | SPACES BEFORE USING | ATTACHMENTS |
| President Name | | | Vice President Name | | |
| Felix Bondar | | | • | | |
| Sincer Address 194 Reservoir AVE City Lincoln RI Scarce RI 240 02865 | | | Street Address | | |
| Carv | Sare | Zio | : City | Strate | Zip |
| Lincoln | RI | 702865 | | | 7 |
| Secretary Name | • | | Treasurer Name | ************************* | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | Strate | Zip |
| S NAMES AND ADDRES | SES OF THE DIRECT | TORS: <i>("X" BOX FOR ATT</i> | : Pachmente [] end b | i N spa <i>ce</i> s bedade listi | NC ATTACHMENTS |
| Director Name | SES OF THE DIRECT | OLS. (A BOATOMAII | Director Name | N STACES DEPORE USE | 40 AI IACHMEN 15 |
| Non | e | | | | |
| Street Address | | | Street Address | | |
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| City | State | Zip | City | State | Zφ |
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| Director Name | | | Director Name | | ••••••••••••••••••••••••••••••••••••••• |
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| Street Address | | | Street Address | | |
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| City | State | Zψ | City | State | Ziφ |
| 9. SHARES AUTHORIZEI | , I | ł | IA CHARRE RECEIPE | ("X" BOX FOR ATTAC | TUMENT) |
| , omine noncomiza | • | | | ECTION MUST BE COMPLETE | |
| | | | Number of Shares | Class/Series | 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 | | | -/ | Canada Color Bear | 147 74 |
| instruction sheet. | | | | | |
| | | | , | | ······ |
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| This report must be execu | ited on behalf of the | corporation by an authorize | ed representative. If the | corporation is in the hand | ds of a receiver or trustee. |
| | | orporation by the receiver | | - | |
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| | | | Under negative of | nerium I declare and affirm | that I have examined this repo |
| | | | • • | | tatements, and that all stateme |
| 10 / | 1 00 | | | are true, and correct. | |
| File Date | 6-09 | | 12/7/ | | 2126/09 |
| 17 | 72 | _ | Signature | | Date |
| Check Na. | 02 | _ [| Foliv | Ranlas | |
| 's | uma: | | Print or Time M. | Bondar | |
| By: | WICE | - _ | 1) can | <u>.</u> | |
| FOR SECRETARY OF | F STATE USE ONLY | | Presider | 17 | |
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