

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

KE 02904-2015 - 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. ?-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(cc/cd)) is subject to a wendry fee of \$25.00.

ubject to a penalty fee of \$25. L. Corporate ID No.	2. Name of Corp	oration			
61869	DELUXE Ć	LEANERS, INC.			
8. Street Address Principal Business Office 2339 Diamond Hill Road			Cumberland	State RI	02864
t. Business Phone No. 5. State of Incorporation Rhode Island					
<ul> <li>Brief Description of the Cha To own and operate a</li> </ul>		_			1
v. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA Consider Name Edward L. Laffey			CHMENT) THE IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Marcella L. Laffey		
Street Address 4 Falstaff Drive			Street Address 4 Falstaff Drive		
ाए Cumberland	State RI	<sup>Ζίμ</sup> <b>02864</b>	City Cumberland	State R1	<sup>Zip</sup> 02864
Secretary Name Marcella L. Laffey			Treasurer Name Edward L. Laffey		
ireel Address 4 Falstaff Drive			Street Address 4 Falstaff Drive		
city Cumberland	RI State	02864	City Cumberland	State RI	2ip 02864
8. NAMES AND ADDRI Director Name Edward L. Laffey	ESSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) T FILL IN Director Name Marcella Laffey	N SPACES BEFORE USIN	G ATTACHMENTS
Street Address 4 Falstaff Drive			Street Address 4 Falstaff Drive		
<sup>்ரு</sup> Cumberland	State RI	<sup>Zip</sup> 02864	city Cumberland	State RI	<i>Хір</i> <b>02864</b>
Director Name <b>None</b>			Director Name None		
Street Address			Street Address		
СЦу	State	Zip	СИу	State	Zip
9. SHARES AUTHORIZ	ZED	1		("X" BOX FOR ATTAC ECTION <u>MUST</u> 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	Without
•		te corporation by an authorize	•	corporation is in the hand	ls of a receiver or tru

File Date FILED
Check No. MAR 0 3 2009
BU 3N 082481
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 befoin are true and correct.
Elevery Llaffer 3.3.09
Signature Date
Edward L. Laffey
Print or Type Name
President
Title