

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.

1. Corporate ID No. 4241	CIUNCI, II	2. Name of Corporation CIUNCI, INC.				
3. Street Address Principal Business Office 94 Osceola Avenue			City Warwick	State RI	^{Zip} 02888	
4. Business Phone No. (401) 781-2896 5. State of Incorporation RHODE ISLAND				•		
i. Brief Description of the C Owns and operates	baracter of Business Condicat wash and laundry	icted in Rhode Island Y				
. NAMES AND ADD	RESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
Gilbert S. Ciunci			Domenic A. Ciunci			
Street Address 94 Osceola Avenue			Street Address 2800 Warwick Avenue			
^{City} Warwick	State RI	^{Zip} 02888	^{City} Warwick	State RI	^{Zip} 02889	
Secretary Name Gilbert S. Ciunci			Treasurer Name Domenic A. Ciunci			
Street Address 94 Osceola Avenue			Street Address 2800 Warwick Avenue			
^{≆ty} Varwick ·	State RI	^{Zip} 02888	City Warwick	State RI	^{Zip} 02889	
. NAMES AND ADDR	ESSES OF THE DIRE	ECTORS: ("X" BOX FOR ATT		N SPACES BEFORE USIN	NG ATTACHMENTS	
∂irector Name Gilbert S. Ciunci			Director Name Domenic A. Ciunci			
reet Address			Street Address		·	
94 Osceola Avenue			2800 Warwick Avenue			
ity	State	Zip	City	State	Zip	
Varwick	RI	02888	Warwick	RI	02889	
irector Name			Director Name	***************************************		
reet Address			Street Address			
tv	State	Zip	City	State	Zip	
SHARES AUTHORIZ	EED	ı		("X" BOX FOR ATTAC		
		0.00	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 instruction sheet.			200	common	no par value	
			ng SigiPilan n		5 (10 m)	

this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
FEB 2 6 2009
Check No. By John
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm th	at I have examined this report,
ncluding any accompanying schedules and state	ements, and that all statements
contained herein are true and correct.	
Med-Cum	2-20-07
ignature	Date
0.00	

Gilbert S. Ciunci

Print or Type Name

President

Title