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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
143635	Prudential Overall Supply

3. Street Address Principal Business Office	City	State	Zip
1661 ALTON PARKWAY	IRVINE	CA	92606

4. Business Phone No.	5. State of Incorporation
9492504855	CALIFORNIA

6. Brief Description of the Character of Business Conducted in Rhode Island
INDUSTRIAL LAUNDRY, GARMENT RENTAL

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

President Name	Vice President Name ~~Vice President Name~~ Chairman
Tom Watts	Dan Clark
Street Address: 1661 ALTON PARKWAY	Street Address: 1661 ALTON PARKWAY
City: IRVINE, State: CA, Zip: 92606	City: IRVINE, State: CA, Zip: 92606
Secretary Name: James K. Murray	Treasurer Name: James K. Murray
Street Address: 1661 ALTON PARKWAY	Street Address: 1661 ALTON PARKWAY
City: IRVINE, State: CA, Zip: 92606	City: IRVINE, State: CA, Zip: 92606

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

Director Name	Director Name
Tom Watts	Dan Clark
Street Address: 1661 ALTON PARKWAY	Street Address: 1661 ALTON PARKWAY
City: IRVINE, State: CA, Zip: 92606	City: IRVINE, State: CA, Zip: 92606
Director Name: Don Lahn	Director Name: Harry Hathaway
Street Address: 1661 ALTON PARKWAY	Street Address: 1661 ALTON PARKWAY
City: IRVINE, State: CA, Zip: 92606	City: IRVINE, State: CA, Zip: 92606

9. SHARES AUTHORIZED
5,000,000

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
~~1,905,000~~ 1,901,000	Common	No Par
THIS SECTION MUST BE COMPLETED		

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] [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.

James K. Murray 3/24/09
Signature *Date*

JAMES K. MURRAY
Print or Type Name

[redacted] ~~President~~ SECRETARY / TREASURER
Title

File Date FILED
Check MAR 02 2009
By By 243530
FOR SECRETARY OF STATE USE ONLY

30824-4-353717

Form 630 Rev. 08/08