



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, Secretary of State  
Corporations Division  
115 W. River Street  
Providence, RI 02901-2015  
401-222-3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-65(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66(d)(2) is subject to a penalty fee of \$75.00.

|                                                                                                                                                                                                             |                       |                                                                                                                                     |                           |                      |                     |                                  |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|---------------------|----------------------------------|-----------------------|
| 1. ID No.<br><b>000156822</b>                                                                                                                                                                               |                       | 2. Exact name of the limited liability company<br><b>H &amp; A Laundromat LLC</b>                                                   |                           |                      |                     |                                  |                       |
| 3. State of formation<br><b>R.I.</b>                                                                                                                                                                        |                       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>self service laundromat</b> |                           |                      |                     |                                  |                       |
| 5. Principal office address<br><b>558 Douglas Ave</b>                                                                                                                                                       |                       |                                                                                                                                     | City<br><b>Providence</b> | State<br><b>R.I.</b> | Zip<br><b>02908</b> |                                  |                       |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br><table border="0"> <tr> <td>Company Name<br/><b>Jimme Lim</b></td> <td>Title<br/><b>owner</b></td> </tr> </table>   |                       |                                                                                                                                     |                           |                      |                     | Company Name<br><b>Jimme Lim</b> | Title<br><b>owner</b> |
| Company Name<br><b>Jimme Lim</b>                                                                                                                                                                            | Title<br><b>owner</b> |                                                                                                                                     |                           |                      |                     |                                  |                       |
| Street Address<br><b>152 East Hill Dr</b>                                                                                                                                                                   |                       |                                                                                                                                     | City<br><b>Cranston</b>   | State<br><b>R.I.</b> | Zip<br><b>02920</b> |                                  |                       |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> |                       |                                                                                                                                     |                           |                      |                     |                                  |                       |
| Manager Name                                                                                                                                                                                                |                       |                                                                                                                                     | Manager Name              |                      |                     |                                  |                       |
| Street Address                                                                                                                                                                                              |                       |                                                                                                                                     | Street Address            |                      |                     |                                  |                       |
| City                                                                                                                                                                                                        | State                 | Zip                                                                                                                                 | City                      | State                | Zip                 |                                  |                       |
| Manager Name                                                                                                                                                                                                |                       |                                                                                                                                     | Manager Name              |                      |                     |                                  |                       |
| Street Address                                                                                                                                                                                              |                       |                                                                                                                                     | Street Address            |                      |                     |                                  |                       |
| City                                                                                                                                                                                                        | State                 | Zip                                                                                                                                 | City                      | State                | Zip                 |                                  |                       |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                 |                       |                                                                                                                                     |                           |                      |                     |                                  |                       |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-86(b).

**FILED**

File Date

**OCT 01 2009**

Check No.

By **6245**

Fee

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 herein are true and correct.

Signature of Authorized Person

Date

**9, 28, 09**

Print or Type Name of Authorized Person

**Jimme Lim**