



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 2010

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. 112756		2. Name of Corporation THORPE'S LAUNDROMAT SERVICES, LTD.			
3. Street Address Principal Business Office 562 PROVIDENCE STREET		City WEST WARWICK	State RI	Zip 02893	
4. Business Phone No. 401-826-7158		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AN AUTOMATED LAUNDROMAT AND DRY CLEANING SERVICE BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD S. BOCHNER		Vice President Name DAVID M. BOCHNER			
Street Address 49 CREST DRIVE		Street Address 15 LOU CIRCLE			
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02920
Secretary Name DAVID M. BOCHNER		Treasurer Name MEREDITH A. BOCHNER			
Street Address		Street Address 49 CREST DRIVE			
City	State	Zip	City CRANSTON	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RONALD S. BOCHNER		Director Name DAVID M. BOCHNER			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 600	Class/Series COMMON	Par Value NO PAR

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.

File Date	FILED
Check No.	FEB 17 2010
By:	1581
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.

Ronald S. Bochner **2/17/10**
Signature Date
RONALD S. BOCHNER
Print or Type Name
PRESIDENT
Title