



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 02901-2615
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. 104083		2. Name of Corporation THE LAUNDRY BASKET, INC.			
3. Street Address Principal Business Office 512 PONTIAC AVE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 401 941 4110		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island LAUNDROMAT OPERATION/DRY CLEANING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH R. MERNICK			Vice President Name		
Street Address 10 HANS ST			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name LINDA S. MERNICK			Treasurer Name LINDA S. MERNICK		
Street Address 10 HANS ST			Street Address 10 HANS ST		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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 100 SHARES	Class/Series COMMON	Par Value NO PAR VALUE

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 SECRETARY OF STATE
 CORPORATIONS DIVISION

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.

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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

KENNETH R. MERNICK

Print or Type Name

PRESIDENT

Title

File Date _____	BY
Check No. _____	
By: _____	
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