

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 2011

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accurdance 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. 507548	2. Name of Conferention NEWPORT COUNTY LAUNDRY, INC.				
3. Street Address Principal Business Office 58 Bateman Avenue			City Newport	State RI	^{Zψ} 02840
4. Business Phone No. 4016621149 5. State of Incorporation RI			-		
6. Brief Description of the Character of Laundromat			····	· · · · · · · · · · · · · · · · · · ·	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name James A. Dring			Vice President Name James A. Dring		
Street Address 58 Bateman Avenue			Street Address Same		
City Newport	State RI	^{Zip} 02840	Clty	State	Zip
Secretary Name James A. Dring			Treasurer Name James A. Dring		
Street Address Same			Street Address Same		
City	State	Ziţι	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name None			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
rect Address			Street Address		
City	State	Ζip	CUy	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip)	Сиу	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			200	Common	No Par Value
This report must be executed of this report must be executed on File Date TAN 3 1 201 Check No. By: 24	on behalf of the corporate beh	oration by an authorize ration by the receiver o	or trustee. Under penalty of includ <u>ing a</u> ny ac	f perjury. I declare and affirm the companying schedules and state are true and correct. Oring	that I have examined this report tements, and that all statements.
FOR SECRETARY OF STAT	E USE ONLY		President Title	V	