



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 2012

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. 46147		2. Name of Corporation J.J.'S CLEANERS, INC.			
3. Street Address Principal Business Office 155 MARKET STREET			City WARREN	State RI	Zip 02885
4. Business Phone No. 4012458616		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DRY CLEANING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN J. SHERIDAN			Vice President Name RAYMOND G. POULIN		
Street Address P.O. BOX #2			Street Address 418 NEWRIVER ROAD		
City WARREN	State RI	Zip 02885	City LINCOLN	State RI	Zip 02838
Secretary Name CHRISTINE P. POULIN			Treasurer Name PAULINE SHERIDAN		
Street Address 418 NEWRIVER ROAD			Street Address P.O. BOX #2		
City LINCOLN	State RI	Zip 02838	City WARREN	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN J. SHERIDAN			Director Name		
Street Address P.O. BOX #2			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			100	common	none
			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.

FILED

File Date: FEB 02 2012
Check No: 11134
By: _____
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: *John J. Sheridan* Date: 1/3/12
Printed Name: John J. Sheridan
Title: President