



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 159346		2. Exact name of the Corporation Superior Coin Op Service Inc.					
3. Principal office address 1939 Pleasant Street				City Fall River	State MA	Zip 02723	
4. Business Phone No. 508-672-5830				5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Lease and sell coin operated washers and dryers							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Carl Superior				Vice-President Name			
Street Address 35 Rebecca Road				Street Address			
City S. Dartmouth	State MA	Zip 02748		City	State	Zip	
Secretary Name Carl Superior				Treasurer Name Carl Superior			
Street Address 35 Rebecca Road				Street Address 35 Rebecca Road			
City S. Dartmouth	State MA	Zip 02748		City S. Dartmouth	State MA	Zip 02748	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				8000	Common	0	

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 03 2012**
 Check No:
 By: **33506**

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.

Carl Superior 2/2/12
 Signature of Authorized Representative Date

Carl Superior
 Print or Type Name of Authorized Representative

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