

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/2
Filing Period: January 1 - March 1 • Filing Fee: \$50.00" • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

subject to a penalty fee of \$25.00.  1. Corporate ID No.	2. Name of Cor	oration failing or refusing to file its ann	2	position by a	(
142505	DEBORA	I LUTHER MARTITZ, INC.			
3. Street Address Principal Business Office 409 WARREN AVENUE			EAST PROVIDENCE	State RI	<i>Ζ</i> φ 02914
1. Business Phone No. 5. State of Incorporation RHODE. ISLAND					
6. Brief Description of the Character DRY CLEANERS	ਾ of Business Condu	cted in Rbode Island	- · · · · · · · · · · · · · · · · · · ·		
7. NAMES AND ADDRESSE	S OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN SPAC	ES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Deborah Lee Martitz			Arthur H. Martitz		
Street Address 409 Warren Avenue			Street Address 409 Warren Avenue		
City East Providence	State RI	<sup>Zip</sup> 02914	City East Providence	State RI	<i>Σφ</i> 02914
Secretary Name Deborah Lee Martitz			Treasurer Name Deborah Lee Martitz		
Street Address			Street Address		
409 Warren Avenue			409 Warren Ave		
East Providence	State RI	<i>Z</i> ⊕ 02914	City East Providence	State RI	<i>Ζφ</i> 02914
8. NAMES AND ADDRESSE	S OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) TELL IN SPA	CES BEFORE USIN	IG ATTACHMENTS
Director Name  Deborah Lee Martitz			Director Name		
Street Address			Street Address		
409 Warren Avenue					
City	State	Zip	City	State	Zip
East Providence  Director Name	<u>  RI</u>	02914	•		
Paecio Name			Director Name		
Street Address			Street Address		
City	Tow-		:		
<i></i>	State	Ζφ	City	State	Zip
9. SHARES AUTHORIZED	j	1	in the second of	 " BOX FOR ATTAC	 HMENT) □
300 <i>C</i>	OMMO	Y NO PAT VALUE	ISSUED SHARES — THIS SECTION		- <b>-</b>
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
			100	Common	No Par Value
This report must be executed	d on behalf of th	ne corporation by an authorize	d consecutative If the accura		
this report must be executed	on behalf of the	e corporation by the receiver of	o representative. If the corpor or trustee.	ration is in the hand	s of a receiver or trustee,
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111	<del></del>		coptained herein are tru		
File Date FFR 222	n12		Lelmak	Jee Mar	tit 2/19/12
222	ma )		Signature		Pate
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Ву:	62	[	Print or Type Name		
7014	705		Dehorah Lee M	artita	

**Deborah Lee Martitz**