

## 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
Ellies Posted to The FEAR	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.

2. Exact name of the Corporation

TEW INC.

3. Principal office address City State 202 New Meadow Road Barrington RΙ 02806 4. Business Phone No. 5. State of Incorporation 245-2970 Rhode Island 6. Brief description of the character of business conducted in Rhode Island Owning and operating a commercial laundromat 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name Timothy E. Woodward Sandra Woodward Street Address Street Address 202 New Meadow Road 202 New Meadow Road Citv State City State Barrington RΙ 02806 Barrington RΙ 02806 Secretary Name Treasurer Name Timothy E. Woodward Timothy E. Woodward Street Address Street Address 202 New Meadow Road 202 New Meadow Road City State Zip City State Barrington RI 02806 Barrington RI02806 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Director Name Timothy E. Woodward Street Address Street Address 202 New Meadow Road City State City State ZipBarrington RI 02806 Director Name Director Name Street Address Street Address Citv State Ζip City State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 2,000 Common No Par Value
This information is currently of record in the Office of the Secretary NUMBER OF SHARES CLASS/SERIES PAR VALUE of State. Changes require an additional filing. 100 Common No Par See Section 9 of instruction sheet. Value

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,

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FOR SECRETARY OF STATE USE ONLY

Form No. 630 Revised: 01/2012 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 of authorized Representative Date

Timothy E. Woodward, President

Print or Type Name of Authorized Representative