



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. <u>716147</u>		2. Exact name of the Corporation Marinos Fluff & Fold								
3. Principal office address 150 North Main Street		City Woonsocket	State RI	Zip 02895						
4. Business Phone No. 401-597-0555		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Laundry Mat										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Robert marino			Vice-President Name Robert marino							
Street Address 150 north Main street			Street Address 150 north Main street							
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895					
Secretary Name Robert marino			Treasurer Name Robert marino							
Street Address 150 north Main street			Street Address 150 north Main street							
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Robert marino			Director Name							
Street Address 150 north Main street			Street Address							
City Woonsocket	State RI	Zip 02895	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		
						1000	1000	no par		

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.

File Date _____
 Check No _____
 By: _____

FILED

JUN 18 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

Print or Type Name of Authorized Representative

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