RALPH MOL	State of Rhode Island Office of the	d and Provider e Secretary of \$		NS Fee: \$50.
Secretary of St	e 148 V Provider	Of Business Servic W. River Street nee RI 02904-261 1) 222-3040		
_imited Liabilit	v Company			
Annual Report	mber 1 - November 1			
ïle its annual report	R.I.G.L. 7-16-66(d), each limited l within thirty (30) days after the tir bject to a penalty fee of \$25.00.			'o
ANNUAL REPORT	YEAR: <u>2012</u>			
1. ID No. <u>000</u> :	550758			
2. Exact Name o	f the Limited Liability Company	Y ON THE GO LA	AUNDROMAT	T, LLC
3. State of Form	ation			
o. otale of romm				
State: <u>RI</u>				
5. Principal Office	Address 357 DELANO DRIVE	<u>ry</u>		
City or Town:	NORTH KINGSTOWN	State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>
6. Mailing Addres	s of Limited Liability Company	and Name or Titl	a of Contact B	
No. and Street: City or Town: 7. Name and Add	IICHEL L. PELLETIER Contact Tit <u>357 DELANO DRIVE</u> <u>NORTH KINGSTOWN</u> ress of Each Manager of the Li	le: State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>
No. and Street: City or Town: 7. Name and Add DO NOT LIST M	357 DELANO DRIVE NORTH KINGSTOWN ress of Each Manager of the Li MEMBERS	le: State: <u>RI</u> mited Liability Co	Zip: <u>02852</u> ompany, if App	Country: <u>USA</u> licable.
No. and Street: City or Town: 7. Name and Add	357 DELANO DRIVE NORTH KINGSTOWN ress of Each Manager of the Li MEMBERS Individual Nam	le: State: <u>RI</u> imited Liability Co	Zip: <u>02852</u> ompany, if App Add	Country: <u>USA</u> licable. ress
No. and Street: City or Town: 7. Name and Add DO NOT LIST M	357 DELANO DRIVE NORTH KINGSTOWN ress of Each Manager of the Li MEMBERS	le: State: <u>RI</u> imited Liability Co	Zip: <u>02852</u> ompany, if App Add	Country: <u>USA</u> licable.
No. and Street: City or Town: 7. Name and Add DO NOT LIST M Title 8. RESIDENT AGE	357 DELANO DRIVE NORTH KINGSTOWN ress of Each Manager of the Li MEMBERS Individual Nam	le: State: <u>RI</u> imited Liability Co iffix Add	Zip: <u>02852</u> ompany, if App Add	Country: <u>USA</u> licable. ress
No. and Street: City or Town: 7. Name and Add DO NOT LIST M Title 8. RESIDENT AGE Changes Requi	357 DELANO DRIVE NORTH KINGSTOWN ress of Each Manager of the Li MEMBERS Individual Nam First, Middle, Last, Su	Ide: State: <u>RI</u> imited Liability Co iffix Add T ALTER 7-16-11	Zip: <u>02852</u> ompany, if App Add ress, City or Town, S	Country: <u>USA</u> licable. ress

Signed this 6 Day of October, 2012 at 4:07:26 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>MICHEL L. PELLETIER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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