



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 2013

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. 5354H		2. Exact name of the Corporation M. J. NALBANDIAN, INC.		
3. Principal office address 5675 POST ROAD		City EAST GREENWICH	State R.I.	Zip 02818
4. Business Phone No. 884-9668		5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island FULL SERVICE LAUNDROMAT				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name JACK NALBANDIAN		Vice-President Name MARTIN NALBANDIAN		
Street Address 595 ALCONQUIN DRIVE		Street Address 45 KETTLE COURT		
City WARWICK	State R.I.	Zip 02888	City N. KINGSTOWN	State RI
Secretary Name		Treasurer Name DEBORAH NALBANDIAN		
Street Address		Street Address 45 KETTLE COURT		
City	State	Zip	City N. KINGSTOWN	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		600	COMMON	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

JAN 18 2013

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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.

Deborah Nalbandian

Signature of Authorized Representative

Date

DEBORAH NALBANDIAN

Print or Type Name of Authorized Representative