



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. <b>87048</b>		2. Exact name of the Corporation <b>A.B.S. LAUNDROMAT, INC.</b>						
3. Principal office address <b>257 BULLOCKS POINT AVENUE</b>		City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>				
4. Business Phone No. <b>433-9825</b>		5. State of Incorporation <b>RHODE ISLAND</b>						
6. Brief description of the character of business conducted in Rhode Island <b>LAUNDROMAT</b>								
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
President Name <b>KOULA ROUGAS</b>			Vice-President Name <b>WILLIAM A. ROUGAS</b>					
Street Address <b>344 COMSTOCK PARKWAY</b>			Street Address <b>344 COMSTOCK PARKWAY</b>					
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>			
Secretary Name <b>WILLIAM A. ROUGAS</b>			Treasurer Name <b>KOULA ROUGAS</b>					
Street Address <b>344 COMSTOCK PARKWAY</b>			Street Address <b>344 COMSTOCK PARKWAY</b>					
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>			
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
Director Name <b>WILLIAM A. ROUGAS</b>			Director Name <b>KOULA ROUGAS</b>					
Street Address <b>344 COMSTOCK PARKWAY</b>			Street Address <b>344 COMSTOCK PARKWAY</b>					
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>			
Director Name <b>NONE</b>			Director Name <b>NONE</b>					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></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 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.

**FILED**

File Date

Check No

By:

FEB 06 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.

*Koula Rougas*  
Signature of Authorized Representative

1-22-13  
Date

**KOULA ROUGAS, President**

Print or Type Name of Authorized Representative