



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. 000129238		2. Exact name of the Corporation JH GREWAL, INC				
3. Principal office address 1557 PLAINFIELD PARK			City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 401-722-1200		5. State of Incorporation RHODE ISLAND				
6. Brief description of the character of business conducted in Rhode Island LAUNDRY						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name JASBIR SINGH			Vice-President Name JASBIR SINGH			
Street Address 21 ICARUS LANE			Street Address 21 ICARUS LANE			
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703	
Secretary Name JASBIR SINGH			Treasurer Name JASBIR SINGH			
Street Address 21 ICARUS LANE			Street Address 21 ICARUS LANE			
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name JASBIR SINGH			Director Name			
Street Address 21 ICARUS LANE			Street Address			
City ATTLEBORO	State MA	Zip 02703	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	
				100	STK	0.01

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 _____

FILED

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.

Check No _____

MAY 13 2013

Jasbir Singh
Signature of Authorized Representative

03/28/2013

By: _____

Date

FOR SECRETARY OF STATE USE OR BY **5185**

JASBIR SINGH

PRESIDENT

Print or Type Name of Authorized Representative