



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 2014

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. 519083		2. Exact name of the Corporation LUIS CUSTOM CLEANERS, INC.			
3. Principal office address 995F PONTIAC AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. (401) 413-1831		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island LAUNDRY & DRY CLEANING SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name LUIS F. LEON			Vice-President Name LUIS F. LEON		
Street Address 32 RYE STREET			Street Address SAME		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name ORFA M. LEON			Treasurer Name LUIS F. LEON		
Street Address 32 RYE STREET			Street Address SAME		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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)		
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

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 _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 13 2014
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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.

Luis F Leon 1/6/14
 Signature of Authorized Representative Date

LUIS F. LEON, President
 Print or Type Name of Authorized Representative