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

2014 [redacted]

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.	2. Exact name of the Corporation
294182	BELLEVUE CLEANERS & LAUNDRY INC.

3. Principal office address	City	State	Zip
272 BELLEVUE AVE.	NEWPORT	RI	02840

4. Business Phone No.	5. State of Incorporation
401-847-5972	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
LAUNDROMAT

7. LIST OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐

President Name	City	State	Zip
ARLENE GROSS			
Street Address			
46 CHASTELLUX AVE #10	NEWPORT	RI	02840

Vice-President Name	City	State	Zip
LEONARD GROSS			
Street Address			
46 CHASTELLUX AVE #10	NEWPORT	RI	02840

Secretary Name	City	State	Zip
ARLENE GROSS			
Street Address			
46 CHASTELLUX AVE #10	NEWPORT	RI	02840

Treasurer Name	City	State	Zip
LEONARD GROSS			
Street Address			
46 CHASTELLUX AVE #10	NEWPORT	RI	02840

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐

Director Name	City	State	Zip
ARLENE GROSS			
Street Address			
46 CHASTELLUX AVE #10	NEWPORT	RI	02840

Director Name	City	State	Zip
LEONARD GROSS			
Street Address			
46 CHASTELLUX AVE #10	NEWPORT	RI	02840

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

FOR SECRETARY OF STATE USE ONLY
File Date
Check ID
By

FILED
FEB 10 2014
3147

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.

Leonard J. Gross 2/7/14
Signature of Authorized Representative Date

Leonard J Gross
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012