

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. 698576		2. Exact name of the Corporation LA LIN ENTERPRISES, INC.			
3. Principal office address 524 CRANSTON STREET			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401-441-3254		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island COIN-OP LAUNDROMAT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name LIN KET			Vice-President Name		
Street Address 2840 PLAINFIELD PIKE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name LIN KET			Treasurer Name LIN KET		
Street Address 2840 PLAINFIELD PIKE			Street Address 2840 PLAINFIELD PIKE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name LIN KET			Director Name		
Street Address 2840 PLAINFIELD PIKE			Street Address		
City CRANSTON	State RI	Zip 02921	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	

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

APR 21 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.

[Signature] 4/13/14
 Signature of Authorized Representative Date

LIN KET

Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By: _____ BY _____
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