



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. 17970		2. Exact name of the Corporation Gay's Policyden Center, Inc			
3. Principal office address 1015 Main St		City W. Warwick		State RI	Zip 02893
4. Business Phone No. 401-826-2630		5. State of Incorporation B.I.			
6. Brief description of the character of business conducted in Rhode Island Laundermort					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony Ray			Vice-President Name Joan Y Gay		
Street Address 15 Congdon St			Street Address 45 Spencer St		
City Coventry	State RI	Zip 02816	City W. Warwick	State RI	Zip 02893
Secretary Name Joan Y Gay			Treasurer Name Anthony Gay		
Street Address 45 Spencer St			Street Address 15 Congdon St		
City W. Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
			500 Comm	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.

File Date _____

FILED

Check No. _____

By: _____

JUN 10 2014

FOR SECRETARY OF STATE USE ONLY

BY 24126

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 of Authorized Representative
JOAN Y. RAY

Date _____

Print or Type Name of Authorized Representative