

## 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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company Wishy Washy Laundromat, LLC				
147936	wisny w					
3. State of Formation	1	Brief description of the character of business conducted in Rhode Island     Laundromat				
Rhode Island	Laundro					
5. Principal office address 610 Plainfield Street			City Providence	State RI	Zip <b>02909</b>	
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT P	RSON:		
Contact Name David J. Glashow			Contact Title Manager			
Street Address 115 Ricard Street - PO Box 1109			City <b>Woonsocket</b>	State <b>RI</b>	<sup>Zip</sup> <b>02895</b>	
7. LIST <u>all</u> managers ("X" box for attach	(NAMES AND ADD MENT) 🔲	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	ichál alver angrahána agus				
This information is curren	tly of record in the	e Office of the Secr	etary of State. Changes require fi	ling Form 642.		

**FILED** 

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File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements copyright herein are true and correct.
Check No	Signature of Authorized Parson Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012