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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 2015

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
142366	PP & C DRY CLEANERS LTD

3. Principal office address	City	State	Zip
16 BUTTERWORTH AVE	BRISTOL	RI	02809

4. Business Phone No.	5. State of Incorporation
401-253-6098	RI

6. Brief description of the character of business conducted in Rhode Island
DRY CLEANING AND TAILORING

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

President Name	Street Address	City	State	Zip
EDWARD J COX II	16 BUTTERWORTH AVE	BRISTOL	RI	02809

Vice-President Name	Street Address	City	State	Zip
MARJORIE BIANCUZZO	16 BUTTERWORTH AVE	BRISTOL	RI	02809

Secretary Name	Street Address	City	State	Zip
EDWARD J COX II	16 BUTTERWORTH AVE	BRISTOL	RI	02809

Treasurer Name	Street Address	City	State	Zip
EDWARD J COX II	16 BUTTERWORTH AVE	BRISTOL	RI	02809

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

Director Name	Street Address	City	State	Zip
EDWARD J COX II	16 BUTTERWORTH AVE	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip
MARJORIE BIANCUZZO	16 BUTTERWORTH AVE	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

File Date _____ **FILED**
Check No _____ DEC 18 2014
By: _____
FOR SECRETARY OF STATE USE ONLY BY 1243

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.

12/17/2014
Signature of Authorized Representative — Date

EDWARD J COX II
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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