



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. 537		2. Exact name of the Corporation AIRWAY CLEANSERS INC			
3. Principal office address ONE FRANKLIN SQUARE		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. (401) 274-5560		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island DRY CLEANING BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GERARD DI SANTO			Vice-President Name GERARD DI SANTO		
Street Address ONE FRANKLIN SQUARE			Street Address ONE FRANKLIN SQUARE		
City PROVIDENCE	State R.I.	Zip 02903	City PROVIDENCE	State R.I.	Zip 02903
Secretary Name GERARD DI SANTO			Treasurer Name GERARD DI SANTO		
Street Address ONE FRANKLIN SQUARE			Street Address ONE FRANKLIN SQUARE		
City PROVIDENCE	State R.I.	Zip 02903	City PROVIDENCE	State R.I.	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GERARD DI SANTO			Director Name		
Street Address 729 CENTRAL AVE.			Street Address		
City JOHNSTON	State RI.	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <u>500 Common NO PAR VALUE</u>			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	Common	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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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 of Authorized Representative [Signature] Date 1/15/15

GERARD DI SANTO
 Print or Type Name of Authorized Representative