



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. 541545		2. Exact name of the Corporation JAZZ-MONDY, INC.			
3. Principal office address 906 Main Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-724-1044			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Laundromat and related services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name PISEY SAM OEURN			Vice-President Name		
Street Address 684 Potters ave			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name PISEY SAM OEURN			Treasurer Name PISEY SAM OEURN		
Street Address 684 Potters ave			Street Address 684 Potters ave		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name PISEY SAM OEURN			Director Name		
Street Address 684 Potters ave			Street Address		
City Providence	State RI	Zip 02907	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) <input checked="" 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
			200	Common Stock	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: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
FEB 17 2015
 BY 1076

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] **01/30/2015**
 Signature of Authorized Representative Date
PISEY SAM OEURN
 Print or Type Name of Authorized Representative