

## 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 \_

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No. 18253	2. Exact na	LURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.  2. Exact name of the Corporation NU-LUXE 1 HOUR CLEANSERS, INC.				
3. Principal office address 819 TIOGUE AVENU	IE		City	State RI	Zip 02816	
. Business Phone No. 826-1000			5. State of Incorporation RHODE ISLAND			
6. Brief description of the ch TO CONDUCT A CL	haracter of business EANING AND	s conducted in Rhode Island WASHING SERVICE				
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President Name PETER ALBERT GERMANI			Vice-President Name PETER ALBERT GERMANI			
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DRIVE			
City CRANSTON	State RI	Zip <b>02920</b>	City CRANSTON	State RI	Zip <b>02920</b>	
Secretary Name PETER ALBERT GE	cretary Name PETER ALBERT GERMANI			Treasurer Name JEAN GERMANI		
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DR	IVE		
CITY CRANSTON	State <b>RI</b>	Zip <b>02920</b>	City CRANSTON	State RI	Zip <b>02920</b>	
E-SFACE DIRECTORS!	AANESANE AD	AESSEBYTYT BOX FOR	AFTACHMENT)		HWANTE BY	
Director Name PETER ABERT GER	MANI		Director Name JEAN GERMAN			
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DR	IVE		
CRANSTON	State <b>RI</b>	Zip 02920	City CRANSTON	State <b>RI</b>	Zip <b>02920</b>	
Director Name	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Director Name	·		
Street Address			Street Address	<del></del>		
Dity	State	Zip	City	State	Zip	
A SHARLES AUTHORIZED	<b>建</b>			("X" BOX FOR ATTACH		
his information is current of State. Changes require			NUMBER OF SHARES	CLASS/SERIES  COMMON	NO PAR VALUE	
ee Section 9 of instruction sheet.						
This report must be execute		corporation by an authorize st be executed on behalf of			s of a receiver or trustee,	
	and report mu	FIIFN		eceiver or indistee. erjury, I declare and affir no any accompanying s	m that I have examined	

File Date	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedu	
Check No	FEB 2 7 2015 and that all statements contained therein are true	and correct.  1-36-15
FOR SECRETARY OF STATE USERS	Signature of Authorized Representative PETER ALBERT GERMANI	Date

Form No. 630 Revised: 01/2012