



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. <b>116902</b>		2. Exact name of the Corporation <b>PAUL'S DRY CLEANING SERVICES, INC.</b>			
3. Principal office address <b>571 HARTFORD AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	
4. Business Phone No. <b>401-521-2003</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE PROFESSIONAL DRY CLEANING AND RELATED SERVICES.</b>					
<b>A. LIST ALL OFFICERS (NAMES AND ADDRESSES) (CITY, STATE, ZIP) (CITY, STATE, ZIP)</b>					
President Name <b>SEONG PAL HAM</b>			Vice-President Name <b>SAME</b>		
Street Address <b>7 HILARITY STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (CITY, STATE, ZIP) (CITY, STATE, ZIP)</b>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (CITY, STATE, ZIP) (CITY, STATE, ZIP)		
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
			100	COMMON	\$1.00

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**  
**OCT 07 2015**

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.

*Seongpal Ham* 02/09/2015  
Signature of Authorized Representative Date

**SEONG PAL HAM**

Print or Type Name of Authorized Representative