



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. <u>142505</u>		2. Exact name of the Corporation <u>Deborah Luther MARTITZ INC</u>		
3. Principal office address <u>409 Warren Ave</u>		City <u>EAST PROV</u>	State <u>RI</u>	Zip <u>02914</u>
4. Business Phone No. <u>401-434-9132</u>		5. State of Incorporation <u>Rhode ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>DRY CLEAN - DropStore</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name <u>Deborah L. MARTITZ</u>		Vice-President Name <u>Arthur H. MARTITZ</u>		
Street Address <u>409 Warren AV</u>		Street Address <u>SAME</u>		
City <u>EAST PROV</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>same</u>	State <u>same</u>
Secretary Name <u>SAME Deborah L MARTITZ</u>		Treasurer Name <u>Deborah Martitz</u>		
Street Address <u>SAME</u>		Street Address <u>SAME</u>		
City <u>SAME</u>	State <u>SAME</u>	Zip <u>SAME</u>	City <u>SAME</u>	State <u>SAME</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name <u>Deborah L Martitz</u>		Director Name		
Street Address <u>SAME</u>		Street Address		
City <u>SAME</u>	State <u>SAME</u>	Zip <u>SAME</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
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.				

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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BY 2729

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.

Deborah Martitz 10/6/15
Signature of Authorized Representative Date

Deborah Martitz
Print or Type Name of Authorized Representative