

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - D'vision 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 00088975	ATLANT	2. Exact name of the limited liability company ATLANTIC CITY LINEN SUPPLY LLC					
3. State of Formation		Brief description of the character of business conducted in Rhode Island COMMERCIAL LAUNDRY AND DRY CLEANING					
	IEW JERSEY AVE.		City ATLANTIC CITY	State NJ	Zip 08401		
	OF LIMITED LIABILI	IY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:			
Contact Name ELENA WLAZOW	SKI		ATLANTIC CITY IAME OR TITLE OF CONTACT PERSON: Contact Title VICE PRESIDENT OF FINANCE City ATLANTIC CITY State NJ IMITED LIABILITY COMPANY, IF APPLICABLE - DO NO				
Street Address 18 N. NEW JERSE	treet Address 18 N. NEW JERSEY AVE.				Zip 08401		
7. LIST <u>ALL</u> MANAGEF ("X" BOX FOR ATTA	IS (NAMES AND ADD CHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
			Manager Name				
Manager Name							
	NP.		Street Address	1860-4			
Street Address	State	Zip	Street Address City	State	Zip		
Manager Name Street Address City B. RESIDENT AGENT IN	RHODE ISLAND				Zip		

File Cate		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
		El-MINT	11/20/2015	
Bya	FIFR	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	FILED	ECENA WLAZOWSKI		
	NOV 2 5 2015	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012

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