



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 2017

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. 17970		2. Exact name of the Corporation Ray's Polyclean Center, Inc.			
3. Principal office address 1015 Main St.		City West Warwick	State RI	Zip 02893	
4. Business Phone No. 401-826-2630		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Laundromat					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Anthony Ray			Vice-President Name Joan Y. Ray		
Street Address 18 Conanicus Rd.			Street Address 45 Spencer St.		
City Narragansett	State RI	Zip 02882	City W. Warwick	State RO	Zip 02893
Secretary Name Joan Y. Ray			Treasurer Name Anthony Ray		
Street Address 45 Spencer St.			Street Address 18 Conanicus Rd.		
City W. Warwick	State RI	Zip 02893	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name None			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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.					

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.

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.

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 12 2017

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

BY