



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR

1. Entity ID Number 69400		2. Exact name of the Corporation HARTFORD LAUNDROMAT, INC.			
3. Principal Office Address 401-405 Hartford Avenue			City Providence	State RI	Zip 02909
4. Business Phone Number: 401-751-9355		6. Brief description of the character of business conducted in Rhode Island LAUNDROMAT BUSINESS, TO CLEANSE AND RENOVATE CLOTHING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Frenzilli			Vice-President Name None		
Street Address 401-405 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name John Frenzilli			Treasurer Name Johnluca Frenzilli		
Street Address As above			Street Address 401-405 Hartford Avenue		
City	State	Zip	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	NO PAR VALUE
11. 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.					
Name of Authorized Representative John Frenzilli				Date 1-16-17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 19 2017

BY