



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.

1. Entity ID Number <u>537</u>		2. Exact name of the Corporation <u>AIRWAY CLEANERS INC.</u>			
3. Principal Office Address <u>ONE FRANKLIN SQUARE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>DRY CLEANING BUSINESS</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>GERARD DISANTO</u>			Vice-President Name <u>GERARD DISANTO</u>		
Street Address <u>ONE FRANKLIN SQUARE</u>			Street Address <u>ONE FRANKLIN SQUARE</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>
Secretary Name <u>GERARD DISANTO</u>			Treasurer Name <u>GERARD DISANTO</u>		
Street Address <u>ONE FRANKLIN SQUARE</u>			Street Address <u>ONE FRANKLIN SQUARE</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>GERARD DISANTO</u>			Director Name		
Street Address <u>729 CENTRAL AVE.</u>			Street Address		
City <u>JOHNSTON</u>	State <u>R.I</u>	Zip <u>02919</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <u>500 Common NO PAR VALUE</u> 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.			10. Shares Issued		
			NUMBER OF SHARES <u>500</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>NO PAR VALUE</u>
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 <u>Gerard DiSanto</u>					Date <u>2/1/17</u>
Signature of Authorized Representative <u>Gerard DiSanto</u>					

FILED

FEB 03 2017

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

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