



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.

1. Entity ID Number <b>919470</b>		2. Exact name of the Corporation <b>Narragansett Boulevard Laundry, Inc.</b>			
3. Principal Office Address <b>1054 Narragansett Boulevard</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>		6. Brief description of the character of business conducted in Rhode Island <b>LAUNDROMAT AND RELATED SERVICES</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Constantinos Perdikakis</b>			Vice-President Name <b>Antonia Perdikakis</b>		
Street Address <b>126 Beechwood Drive</b>			Street Address <b>126 Beechwood Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Antonia Perdikakis</b>			Treasurer Name <b>Constantinos Perdikakis</b>		
Street Address <b>126 Beechwood Drive</b>			Street Address <b>126 Beechwood Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Constantinos Perdikakis</b>			Director Name <b>Antonia Perdikakis</b>		
Street Address <b>126 Beechwood Drive</b>			Street Address <b>126 Beechwood Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			200 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. <b>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.</b>					
Name of Authorized Representative <b>Constantinos Perdikakis</b>				Date <b>2-8-17</b>	
Signature of Authorized Representative 					

SIGN DOCUMENT

**FILED**

FEB 10 2017

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BY

FORM 630 - Revised: 10/2016