



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

SIGN DOCUMENT

FILED

FEB 10 2017

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BY

FORM 630 - Revised: 10/2016