



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 142366		2. Exact name of the Corporation PP&C DRY CLEANERS LTD			
3. Principal Office Address 16 BUTTERWORTH AVE			City BRISTOL	State RI	Zip 02809
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island DRY CLEANING AND TAILORING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD J COX II			Vice-President Name MARJORIE BIANCUZZO		
Street Address 16 BUTTERWORTH AVE			Street Address 16 BUTTERWORTH AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name EDWARD J COX			Treasurer Name EDWARD J COX II		
Street Address 16 BUTTERWORTH AVE			Street Address 16 BUTTERWORTH		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDWARD J COX II			Director Name MARJORIE BIANCUZZO		
Street Address 16 BUTTERWORTH AVE			Street Address 16 BUTTERWORTH AVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name			Director Name		
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative EDWARD J COX II				Date 02/07/17	
Signature of Authorized Representative 					

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

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