



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>53544</b>		2. Exact name of the Corporation <b>M. J. Nalbandian, Inc.</b>		
3. Principal Office Address <b>5675 Post Road</b>		City <b>East Greenwich</b>	State <b>R.I.</b>	Zip <b>02818</b>
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island <b>Full Service Laundromat</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>Martin Nalbandian</b>		Vice-President Name <b>Deborah Nalbandian</b>		
Street Address <b>45 Kettle Court</b>		Street Address <b>45 Kettle Court</b>		
City <b>North Kingstown</b>	State <b>R.I.</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>R.I.</b>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES <b>600</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>no par</b>
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>DEBORAH NALBANDIAN</b>		<b>FILED</b> February 4, 2017 <b>FEB 15 2017</b> <b>4795</b>		
Signature of Authorized Representative <i>Deborah Nalbandian</i>				

MAIL TO:  
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