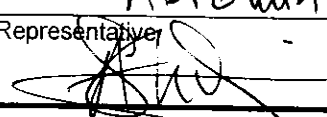




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 74362		2. Exact name of the Corporation Royal Cleansers, Inc.			
3. Principal Office Address 639 Cottage Street			City Pawtucket	State Rhode Island	Zip 02861
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Dry Cleaning and Laundry			
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 Abiodun Shokunbi			Vice-President Name		
Street Address 150 Rice Street			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Abiodun Shokunbi			Treasurer Name		
Street Address 150 Rice Street			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 600	CLASS/SERIES	PAR VALUE 600
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 Abiodun Shokunbi					
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

DATE
FEB 21 2017

BY 