RI SOS Filing Number: 201737179650 Date: 3/1/2017 4:00:00 PM

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	2. Exact name of the Corporation		
000129238	J H GREWAL INC		
3. Principal Office Address	City	State	Zip
1557 PLAINFIELD PIKE	JOHNSTON	RI	02919
4. Business Phone Number	5. State of Incorporation		
	RI		

6. Brief description of the character of business conducted in Rhode Island

LAUNDROMAT

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name	City	State	Zip
JASBIR SINGH			
Street Address			
21 ICARUS LANE	ATTLEBORO	MA	02703

Vice-President Name	City	State	Zip
JASBIR SINGH			
Street Address			
21 ICARUS LANE	ATTLEBORO	MA	02703

Secretary Name	City	State	Zip
JASBIR SINGH			
Street Address			
21 ICARUS LANE	ATTLEBORO	MA	02703

Treasurer Name	City	State	Zip
JASBIR SINGH			
Street Address			
21 ICARUS LANE	ATTLEBORO	MA	02703

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name	City	State	Zip
JASBIR SINGH			
Street Address			
21 ICARUS LANE	ATTLEBORO	MA	02703

Director Name	City	State	Zip
Street Address			

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	0

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	Date
Jasbir Singh	

Signature of Authorized Representative

JASBIR SINGH

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 01 2017

BY 1487 DS

FORM 630 - Revised: 05/2016