



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR -7 AM 10:35

1. Entity ID Number <u>904088</u>		2. Exact name of the Corporation <u>* SEA STAR LAUNDRY SERVICE INC</u>			
3. Principal Office Address <u>P.O. BOX 124</u>			City <u>RUMFORD</u>	State <u>RT</u>	Zip <u>02862</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>* OFFICE CLEANING</u>			
5. State of Incorporation <u>* R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Rogeria Fortes</u>			Vice-President Name <u>ROGERIA FORTES</u>		
Street Address <u>P.O. BOX 124</u>			Street Address		
City <u>RUMFORD</u>	State <u>RT</u>	Zip <u>02862</u>	City	State	Zip
Secretary Name <u>Rogeria Fortes</u>			Treasurer Name <u>ROGERIA FORTES</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>N/A</u>			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 <u>2</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>NO PAR VALUE</u>
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 <u>* Rogeria Fortes</u>				Date <u>3-7-17</u>	
Signature of Authorized Representative <u>X</u>				FILED MAR 07 2017	

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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