



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 14282		2. Exact name of the Corporation Vaughn Cleaners, Inc.	
3. Principal Office Address 264 Putnam Pike		City Smithfield	State RI
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Dry Cleaning Services	
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 William H. Cardarelli, Jr.		Vice-President Name Karen Cardarelli	
Street Address 264 Putnam Pike		Street Address 264 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name William H. Cardarelli, Jr.		Treasurer Name Karen Cardarelli	
Street Address 264 Putnam Pike		Street Address 264 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name William Cardarelli, Jr.		Director Name Karen Cardarelli	
Street Address 264 Putnam Pike		Street Address 264 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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
		600	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. 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 William H. Cardarelli, Jr.		Date 3-22-2017	
Signature of Authorized Representative <i>William H. Cardarelli, Jr.</i>		SIGN DOCUMENT HERE	

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 31 2017

BY

8133 OS