



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 APR 24 PM 12:42

- 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 792719		2. Exact name of the Corporation Blossom Laundry, Inc.			
3. Principal Office Address 65 Manton Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Laundromat and car wash			
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 Shveta Bhasin			Vice-President Name Shveta Bhasin		
Street Address 4 Taft Circle			Street Address 4 Taft Circle		
City Millbury	State MA	Zip 01527	City Millbury	State MA	Zip 01527
Secretary Name Shveta Bhasin			Treasurer Name Shveta Bhasin		
Street Address 4 Taft Circle			Street Address 4 Taft Circle		
City Millbury	State MA	Zip 01527	City Millbury	State MA	Zip 01527
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 CLASS/SERIES PAR VALUE		
			2000 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 Shveta Bhasin					Date 4/24/17
Signature of Authorized Representative <i>Shveta Bhasin</i>					

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
APR 24 2017

BY **301829**

A.A. 12:44 p.m.