



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

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 2017 APR 24 PM 12:42

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 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>					

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FILED
 APR 24 2017

BY 301829
 A.A. 12:44 p.m.