



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>792719</b>		2. Exact name of the Corporation <b>Blossom Laundry, Inc.</b>			
3. Principal office address <b>65 Manton Avenue</b>			City <b>Providence</b>	State <b>RI</b>	R.I. DEPT. OF STATE BUS. SERVICES DIV. RECEIVED APR 24 PM 4:25 R.I. DEPT. OF STATE BUS. SERVICES DIV. RECEIVED APR 13 AM 10:06
4. Business Phone No. <b>617-678-9292</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Laundromat and car wash</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Shveta Bhasin</b>			Vice-President Name <b>Shveta Bhasin</b>		
Street Address <b>4 Taft Circle</b>			Street Address <b>4 Taft Circle</b>		
City <b>Millbury</b>	State <b>Ma</b>	Zip <b>01527</b>	City <b>Millbury</b>	State <b>MA</b>	Zip <b>01527</b>
Secretary Name <b>Shveta Bhasin</b>			Treasurer Name <b>Shveta Bhasin</b>		
Street Address <b>4 Taft Circle</b>			Street Address <b>4 Taft Circle</b>		
City <b>Millbury</b>	State <b>MA</b>	Zip <b>01527</b>	City <b>Millbury</b>	State <b>MA</b>	Zip <b>01527</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>None</b>			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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	Common	No Par

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.

File Date  
 Check No.  
 By  
 FOR SECRETARY OF STATE USE ONLY

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.

**FILED**

APR 24 2017

*Shveta Bhasin* 4/2/17  
 Signature of Authorized Representative Date

**Shveta Bhasin**

Print or Type Name of Authorized Representative

BY 301829  
 AA. 12:43 PM