



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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2014
 Corporation

2017 AUG 11 PM 12:01

- 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 104083		2. Exact name of the Corporation THE LAUNDRY BASKET INC.			
3. Principal Office Address 521 Pontiac Ave		City Cranston	State RI	Zip 02910	
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island the business of operating laundromats				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth R. Merwick		Vice-President Name			
Street Address 10 Hans St		Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Linda S Merwick		Treasurer Name Linda Merwick			
Street Address 10 Hans St		Street Address 10 Hans St			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100 Shares		Common	no par value
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 Linda Merwick					Date 8/11/17
Signature of Authorized Representative <i>Linda Merwick</i>					FILED SIGN DOCUMENT HERE AUG 11 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

BY 310125
A.A. 12:02pm