



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 FEB 21 AM 8:38

Annual Report for the year: 2018
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 143635		2. Exact name of the Corporation Prudential Overall Supply												
3. Principal Office Address 1661 ALTON PARKWAY			City IRVINE	State CA	Zip 92606									
4. NAICS Code 812332		6. Brief description of the character of business conducted in Rhode Island INDUSTRIAL LAUNDRY, GARMENT RENTAL												
5. State of Incorporation CALIFORNIA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name Tom Watts			Vice-President Name Dan Clark Chairman											
Street Address 1661 ALTON PARKWAY			Street Address 1661 ALTON PARKWAY											
City IRVINE	State CA	Zip 92606	City IRVINE	State CA	Zip 92606									
Secretary Name James K. Murray			Treasurer Name James K. Murray											
Street Address 1661 ALTON PARKWAY			Street Address 1661 ALTON PARKWAY											
City IRVINE	State CA	Zip 92606	City IRVINE	State CA	Zip 92606									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Tom Watts			Director Name Dan Clark											
Street Address 1661 ALTON PARKWAY			Street Address 1661 ALTON PARKWAY											
City IRVINE	State CA	Zip 92606	City IRVINE	State CA	Zip 92606									
Director Name Don Lehn			Director Name Harry Hathaway											
Street Address 1661 ALTON PARKWAY			Street Address 1661 ALTON PARKWAY											
City IRVINE	State CA	Zip 92606	City IRVINE	State CA	Zip 92606									
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"/>											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">1,901,000</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,901,000	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1,901,000	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 JAMES K. MURRAY					Date 2/9/2018									
Signature of Authorized Representative <i>James K. Murray</i>					FILED									
SIGN DOCUMENT HERE FEB 21 2018														

MAIL TO:
 Division of Business Services
 148 W. Rivor Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

BY *[Signature]* 718