



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

2018 FEB 27 PM 1:50

1. Entity ID Number 88065		2. Exact name of the Corporation EDGEWOOD LAUNDRY, INC.	
3. Principal Office Address 1980 Broad Street		City Cranston	State RI
		Zip 02905	
4. NAICS Code 812320	6. Brief description of the character of business conducted in Rhode Island Retail and wholesale laundering, drycleaning, and renovating wearing apparel		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Dennis R. Renzi, Sr.		Vice-President Name Dennis R. Renzi, Sr.	
Street Address 35 Hines Farm Road		Street Address 35 Hines Farm Road	
City Cranston	State RI	Zip 02921	
Secretary Name Darren J. Renzi		Treasurer Name Judy A. Renzi	
Street Address 23 Clover Street		Street Address 35 Hines Farm Road	
City Pawtucket	State RI	Zip 02860	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Dennis R. Renzi, Sr.		Director Name	
Street Address 35 Hines Farm Road		Street Address	
City Cranston	State RI	Zip 02921	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	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 Dennis R. Renzi, Sr. President		Date 2-26-18	
Signature of Authorized Representative <i>Dennis R. Renzi, Sr.</i>			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY

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FORM 630 - Revised: 02/2017