

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

SECRETARY OF STATE
CORPORATIONS DAVE

2018 FFR 27 D

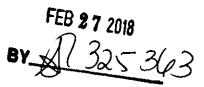
→ Penalty: Additional \$25.00 fe	e if form is not fil	ea by April 1.		40 2 /	PH 1:50		
1. Entity ID Number	2. Exact name of the Corporation						
88065	EDGEWOOD LAUNDRY, INC.						
3. Principal Office Address			City		State	Zip	
1980 Broad Street			Cra	nston	RI	02905	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
812320	Retail and wholesale laundering, drycleaning, and						
5. State of Incorporation	renovating wearing apparel						
Rhode Island	J						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name			Vice-President Name				
Dennis R. Renzi, Sr.			Dennis R. Renzi, Sr.				
Street Address	Street Address						
35 Hines Farm Road			35 Hines Farm Road City State Zip				
City Cranston	RI	02921		ston	RI	02921	
Secretary Name		•	Treasurer Name				
Darren J. Renzi Street Address			Judy A. Renzi				
23 Clover Street			35 Hines Farm Road				
City	State	Zip	City		State	Zip	
Pawtucket	RI	02860	Cran	ston	RI	02921	
B. List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name  Director Name							
Dennis R. Renzi, Sr.				Director (years)			
				Sireet Address			
35 Hines Farm Road							
City Cranston	State R I	Zip 02921	City		State	Zip	
Director Name	1	1	Director Name				
Street Address			Street Address				
City	State	Zıp	City	<del></del>	State	Zip	
					<u> </u>	1	
3. Shares Authorized 10 Shares Issue This information is currently of record in the NUMBER OF S							
Department of State.							
Changes require an additional filing.		100		Common	I	No Par	
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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					2-26	-18	
Signature of Authorized Representative							
Denne R. Rep.							
W. K. C.							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 02/2017