



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.

STAMP

SECRETARY OF STATE
U.S. ONLY

1. Entity ID Number 17970		2. Exact name of the Corporation Ray's Poly Clean Centers, Inc.												
3. Principal Office Address 1015 Main Street		City West Warwick		State RI	Zip 02893									
4. NAICS Code 81111		6. Brief description of the character of business conducted in Rhode Island Dry cleaning and laundering.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Anthony R. Ray, Jr.			Vice-President Name											
Street Address 18 Conanicus Road			Street Address											
City Narragansett	State RI	Zip 02882	City	State	Zip									
Secretary Name Joan Y. Ray			Treasurer Name Anthony R. Ray, Jr.											
Street Address 44 Spencer Street			Street Address 18 Conanicus Road											
City West Warwick	State RI	Zip 02893	City Narragansett	State RI	Zip 02882									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par Value			
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500	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 Anthony R. Ray, Jr.				Date 2/15/18										
Signature of Authorized Representative <i>Anthony R. Ray Jr.</i>				SIGN DOCUMENT HERE FILED 02										