



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

Annual Report for the year: 2018
 Corporation _____

STAMP

SECRETARY OF STATE
 U.S. ONLY

- 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 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.		NUMBER OF SHARES		CLASS/STRIES	PAR VALUE
		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		

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

MAR 01 2018
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