



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 142505		2. Name of Corporation DEBORAH LUTHER MARTITZ, INC.			
3. Street Address Principal Business Office 409 Warren Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No 434-9132		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island DRY CLEANERS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Deborah Lee Martitz			Vice President Name Arthur H. Martitz		
Street Address 409 Warren Avenue			Street Address 409 Warren Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Deborah Lee Martitz			Treasurer Name Deborah Lee Martitz		
Street Address 409 Warren Avenue			Street Address 409 Warren Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Deborah Lee Martitz			Director Name		
Street Address 409 Warren Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 COMM NO PAR VALUE			100	Common	No Par Value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	FILED
Check No.	MAR 14 2005
By:	BY: [Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

Deborah Lee Martitz
Signature of Officer

2/18/05
Date

Deborah Lee Martitz

Print or Type Name of Officer

President

Title of Officer