

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYP	2. Name of Corp.	oration			
141208	VILLAGE L	AUNDRY & CLEAN	NERS, INC		
3. Street Address Princi	pal Business Office		City		To:
2201 BROAD S	TREET	•	CRANSTON	State RI	Zip
4. Business Phone No.		5. State of Incorp.		· · · · · · · · · · · · · · · · · · ·	02905
RHODE ISL				6. SIC Code 7435	
7. Brief Description of t	the Character of Business Con AUNDRY AND DRY CLE	ducted in Rhode Island			1/433
			RATTACHMENT FILL I	N SPACES BEFORE USING	TT CID CENTS
President Name JOHN RUSSO			Vice President Name		ATTACHMENTS
Street Address			BARBARA RUSSO		
331 NARRAGAMSETT PARKWAY			Street Address		
			- 331 NARRAGANSETT PARKWAY		
<i>Uny</i> WARWICK	State RI	Zip	City	State	Zip
ecrétary Name	· · · · · · · · · · · · · · · · · · ·	02888	• WARWICK	RI	02888
SAME AS ABOVE			Treasurer Name		• • • • • • • • • • • • • •
Street Address			SAME AS ABOVE		
			* Street Address		
City	State	Zip	City	State	7in
			•		Zip
9. NAMES AND AD	DRESSES OF THE DIR	ECTORS; ("X" BOX F	OR ATTACHMENTS VEIL 19	IN SPACES BEFORE USING	ATTACHAGOTO
Director Name			Director Name	MATACES BEFORE USING	ATTACHMENTS
			•	•	
ireet Address			Street Address	<u> </u>	·
			•	,	•
in	State	Zip	·City	State	12,
	}	1		Constite	Zip
Director Name	, , , , , , , , , , , , , , , , , , ,		Director Name		
ireet Address			· · · · · · · · · · · · · · · · · · ·		
•			·Street Address		
in	State	Zip	·City	State	
• • • • • • • • • • • • • • • • • • • •			•	Siale	Zip
0. SHARES AUTHO	ORIZED ("X" BOX FOR	TTACHMENT []	I SHADES TOSTION	MV" POY FOR ATTACK	
NUTHORIZED SHARES			ISSUED SHARES ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
,000 COMMON 1	NO BAR VALUE				
	NO FAM VALUE	O	10	0	0
			 -		
his report must be	signed in ink by either	the President Vice	President Secretary 4	ssistant Secretary, Treasi	
,	organia in mix by cline.	the Frestaent, Kick	rresident, Secretary, A.	ssistant Secretary, Treasi	irer, Receiver or Truste
Pi lian ci	FF ((F F ((F)) F (F				
	881 848 841 88 81 (84				
#	FOR (1815 1181) 3818) (8) 1 2 0 8		_		
. •			Under penalty of	perjury, I declare and affirm	that I have examined
		_	this report, includ	ding any accompanying sched	ules and statements
	FILED		and that all staten	nents contained herein are tru	e and correct.
J			1	1	11. 1.
File Date		. X/7	X	1 Cusso 1	// /] Jo
File DateMA	Y 1 3 2005,	75 ⁷	Signature of Differen	.1. ^	July 1 200
File Date MA Check No.	Y 1 3 2005	252	Signature of Officer	\ //	Pare /
File DateMA	Y 1 3 2005	357	JOKN	\ (\) \ (\)	pare /
iheck No. By	Y 1 3 2005	357	Signature of Officer ON Print or Type Name	\ (\) \ (\)	Jace /
File Date MA		357	JOKN	\ (\) \ (\)	pare /