



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 IN BLACK)

1. Corporate ID No. 142313		2. Name of Corporation Cosann Laundry, Inc. 1161A Freeway Laundry II			
3. Street Address Principal Business Office 1280 Dexter Street		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. N/A		5. State of Incorporation Rhode Island			6. SIC Code 7435
7. Brief Description of the Character of Business Conducted in Rhode Island To cleanse and renovate clothing, cloths and fabrics by washing, steaming, bleaching, starching, ironing, dry cleaning, to conduct and automatic coin and self-service operation.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Constantinos Perdikakis		Vice President Name Antonia Perdikakis			
Street Address 126 Beechwood Drive		Street Address 126 Beechwood Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Constantinos Perdikakis		Treasurer Name Antonia Perdikakis			
Street Address 126 Beechwood Drive		Street Address 126 Beechwood Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Constantinos Perdikakis		Director Name Antonia Perdikakis			
Street Address 126 Beechwood Drive		Street Address 126 Beechwood Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value	100	Common	No Par Value

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



FILED

File Date
FEB 24 2005

Check No. 2406

By CB

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.

Signature of Officer

Date

Constantinos Perdikakis

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01