



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

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 28 2019

BY

14996 ed

| | | | | | |
|--|--------------------|--|---|-------------------------------|----------------------------------|
| 1. Entity ID Number 355456 | | 2. Exact name of the Corporation Broadway Laundry, Inc. | | | |
| 3. Principal Office Address 135 Broadway | | City Providence | | State RI | Zip 02903 |
| 4. NAICS Code 812310 | | 6. Brief description of the character of business conducted in Rhode Island Automatic and self-service laundry | | | |
| 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 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 Antonia Perdikakis | | | Treasurer Name Constantinos Perdikakis | | |
| Street Address 126 Beechwood Drive | | | Street Address 126 Beechwood Drive | | |
| City Cranston | State RI | Zip 02921 | City Cranston | State RI | Zip 02921 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 |
| 9. Shares Authorized 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 200 | CLASS/SERIES Common | PAR VALUE 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 Constantinos Perdikakis | | | | Date 2/26/19 | |
| Signature of Authorized Representative | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov