RI SOS Filing Number: 201989593510 Date: 3/29/2019 3:56:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

SECRETARY UTISTAT CORPORATIONS だい

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fee if form is not filed by April 1

2019 MAR 29 PM 3: 55

1. Entity ID Alimber 1. Entity ID Alimber 1. Exact name of the Corporation 1. Entity ID Alimber 1. Exact name of the Corporation 1. Entity ID Alimber 2. Exact name of the Corporation Baolong Laundromat Serv 3. Principal Office Address 3. Hamber L St. City N. Frondence R I OZAN								
681560	Bus Len	y Laundro	wat	Baolong	Laund	romet serv		
15. Principal Office Address			City	/a 1	State	Zip		
3 Hamba	re st		N	-frouldince	RI	ozan		
NAICS Code								
State of Incorporation R 1 Country service M Clude - (cm - sporaced landsless) Arcp off Service								
State of Incorporation								
<u> </u>	, ,							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name GRAY Hui Yu Established			Vice-President Name Bao Hunn Chen					
Mandow breck Ed			Street Address & Mea dow brack Rd					
	State RI	Zip Ozel 4	City N.	randouce	State RI	Zip 0294		
Secretary Name								
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
8. List ALL directors (names and ac	ldresses)	I	Į.	Check th	ne box to indicate	e an attachment		
Director Name Direct								
Street Address			Street Address					
City	State	Zıp	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City	-	State	Zip		
O. Sharon Authorized		Ido Charas las		△		an attack == = 4 C		
9. Shares Authorized This information is currently of record in the		10. Shares Issue		Check the Class/series	Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		~						
					'	\bigcirc		
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					Date 3/29/2014			
tuang 1700 100 FILED								
Signature of Authorized Representative Crystlin & SIGN DOCUMENT HERE MAR 2 9 2019								
<i>(</i> /	MAK X A COLA							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017