



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.

STATE OF RHODE ISLAND
CORPORATION
2019 APR 23 AM 11:21

1. Entity ID Number 128908		2. Exact name of the Corporation Courtesy Cleaners Inc.			
3. Principal Office Address 13 INDUSTRIAL LANE		City Johnston	State RI	Zip 02919	
4. NAICS Code 812320	6. Brief description of the character of business conducted in Rhode Island DRY CLEANING and LAUNDERING SERVICE (NOT A COIN LAUNDRY)				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Baffoni			Vice-President Name DAVID GIANFRANCESCO		
Street Address 80 CLARK ROAD			Street Address 534 Fruit Hill Avenue		
City Smithfield	State RI	Zip 02917	City NORTH PROV	State RI	Zip 02911
Secretary Name DAVID GIANFRANCESCO			Treasurer Name Peter Baffoni		
Street Address 534 Fruit Hill Ave			Street Address 80 CLARK ROAD		
City North Prov	State RI	Zip 02911	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Baffoni			Director Name DAVID GIANFRANCESCO		
Street Address 80 CLARK Rd			Street Address 534 Fruit Hill Ave		
City Smithfield	State RI	Zip 02917	City NORTH PROV	State RI	Zip 02911
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SER ES		
			PAR VALU		
			2000		
			CNP		
			\$0.00		
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 Peter Baffoni					Date 4-23-19
Signature of Authorized Representative Peter Baffoni					

FILED

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BY Ch PRHX4