RI SOS Filing Number: 201990937590 Date: 4/23/2019 4:00:00 PM

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

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→ Penalty: Additional \$25.00 fe	e if form is not fil	ed by April 1.		נווס אי				
Entity ID Number	2. Exact name of	•						
128908 Courtesy Chavens INC. 3. Principal Office Address City State Zip								
3. Principal Office Address					1	Zip		
13 Indust	RIAL L	-ANC	John	uston	RI	02919		
4. NAICS Code 6 Brief description of the character of business conducted in Rhode Island								
812320 Dry Eleaning and Laundering Service								
5. State of Incorporation (NOT A COIN LAUNDRY)								
RI (NOT 4 COIN LAUNARY)								
7. List ALL officers (names and addi	resses)		Vico-President		ne box to indica	ate an attachment 🔲		
President Name Peter B	Gent Name PETER BAFFONI			Vice-President Name DAVID GIANTANCESCO				
			Street Address 534 Fruit HIII Avenue					
City Smith field	State RI	Zip 02917	City	4 Prov	State R I	Zip 02911		
Secretary Name DAUID G			Treasurer Nam	Peten 1	3n F Foi	V		
	Ctroot Address							
Street Address 534 FR City North Prov	State RI	Zip 0 291/	City SM,	+hfield	State RI	- Zip 02917		
8. List ALL directors (names and ad				Check t		ate an attachment		
Director Name Peter BAFFONI Director Name DAVID GIANFRANCESCO								
Street Address 80 CLANK RL City Smithfield State RI 02917			Street Address					
City Sm, thfield	State R I	Zip 0 2917	Non+	4 Prov	State RI	Z:p 02911		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	Z:p		
9. Shares Authorized		10. Shares Issued			ne box to indic	ate an attachment		
This information is currently of record Department of State.	d in the	NUMBER OF SH		CLASS/SER ES		PAR VALUE		
Changes require an additional filing.	ditional filing.)	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 Date								
Peter BAFfori					4-23-19			
Signature of Authorized Representative Path Warfford File 17 Company of Authorized Representative								
Town I The state of the								

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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