



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2020
 Corporation

2019 NOV 19 AM 11:05

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

1. Entity ID Number 792719		2. Exact name of the Corporation Blossom Laundry Inc.	
3. Principal Office Address 65 Mansfield Ave		City Providence	State RI
		Zip 02909	
4. NAICS Code 812310	5. Brief description of the character of business conducted in Rhode Island Laundromat and car wash		
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 Shveta Bhasin		Vice-President Name Shveta Bhasin	
Street Address 4 TAFT CIRCLE		Street Address 4 TAFT CIRCLE	
City MILBURY	State MA	Zip 01527	City MILBURY
			State MA
			Zip 01527
Secretary Name I		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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/SERIES	
		PAR VALUE	
		2000	
		no par	
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 Shveta Bhasin			Date 11/19/19
Signature of Authorized Representative <i>Shveta Bhasin</i>			FILED

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