



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

**Annual Report for the year:** 2020  
**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**  
**STAMP**  
 DEC 23 2019  
 BY 3502 OS

1. Entity ID Number <b>967052</b>		2. Exact name of the Corporation <b>North Kingstown Laundry, Inc.</b>			
3. Principal Office Address 7421 Post Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 812310		6. Brief description of the character of business conducted in Rhode Island Landromat			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>James Petrangelo</b>			Vice-President Name <b>Melissa Petrangelo</b>		
Street Address 455 Stony Lane			Street Address 455 Stony Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name <b>Melissa Petrangelo</b>			Treasurer Name <b>James Petrangelo</b>		
Street Address 455 Stony Lane			Street Address 455 Stony Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>James Petrangelo</b>			Director Name <b>Melissa Petrangelo</b>		
Street Address 455 Stony Lane			Street Address 455 Stony Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		CWP
					PAR VALUE
					\$1.00
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.					
<b>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.</b>					
Name of Authorized Representative <b>James Petrangelo</b>				Date 12/18/19	
Signature of Authorized Representative <i>James M. Petrangelo</i>				SIGN DOCUMENT HERE	