



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

JAN 09 2020

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SECRETARY OF STATE
DIVISION ONLY

1. Entity ID Number 000053544		2. Exact name of the Corporation M. J. Nalbandian, Inc.												
3. Principal Office Address 5675 Post Road			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 812310		6. Brief description of the character of business conducted in Rhode Island Full Service Laundromat												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Martin Nalbandian			Vice-President Name											
Street Address 45 Kettle Court			Street Address											
City North Kingstown	State RI	Zip 02852	City	State	Zip									
Secretary Name			Treasurer Name Deborah Nalbandian											
Street Address			Street Address 45 Kettle Court											
City	State	Zip	City North Kingstown	State RI	Zip 02852									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>common</td> <td>no par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	common	no par			
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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 DEBORAH NALBANDIAN				Date January 6, 2020										
Signature of Authorized Representative Deborah Nalbandian (COPIES) HERE														