



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
 5785
SECRETARY OF STATE
 DIVISION

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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		600	common	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.					
<i>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.</i>					
Name of Authorized Representative DEBORAH NALBANDIAN				Date January 6, 2020	
Signature of Authorized Representative Deborah Nalbandian (HERE)					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov