



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.

1. Entity ID Number 001673600		2. Exact name of the Corporation MINERAL SPRING LAUNDROMAT, INC.									
3. Principal Office Address 346 ARMISTICE BLVD.			City PAWTUCKET	State RJ	Zip 02861						
4. NAICS Code 612310		6. Brief description of the character of business conducted in Rhode Island COIN OPERATED LAUNDROMAT - WASH & DRY									
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 NAWEE HENG			Vice-President Name NAWEE HENG								
Street Address 194 BURNSIDE AVE.			Street Address SAME								
City SEEKONK	State MA	Zip 02771	City	State	Zip						
Secretary Name NAWEE HENG			Treasurer Name NAWEE HENG								
Street Address SAME			Street Address SAME								
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 NONE			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" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASSIFIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">NO PAR.</td> </tr> </table>			NUMBER OF SHARES	CLASSIFIES	PAR VALUE	100	COMMON	NO PAR.
			NUMBER OF SHARES	CLASSIFIES	PAR VALUE						
100	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. 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 NAWEE HENG					Date 01-20-20						
Signature of Authorized Representative <i>NAWEE HENG</i>											

SIGN DOCUMENT HERE **FILED**

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 23 2020 *ICM*

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