



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 30 2020

BY

208829

1. Entity ID Number 74362		2. Exact name of the Corporation Royal Cleansers, Inc.			
3. Principal Office Address 639 Cottage Street			City Pawtucket	State RI	Zip 02861
4. NAICS Code <i>812320</i>		6. Brief description of the character of business conducted in Rhode Island Dry Cleaning and Laundry			
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 Abiodun Shokunbi			Vice-President Name		
Street Address 150 Rice Street			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Abiodun Shokunbi			Treasurer Name		
Street Address 150 Rice Street			Street Address		
City Pawtucket	State RI	Zip 02861	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
			600		600
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 <i>Abiodun Shokunbi</i>				Date <i>1/22/20</i>	
Signature of Authorized Representative <i>[Signature]</i>				PLACE DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017