RI SOS Filing Number: 202034552360 Date: 2/17/2020 4:00:00 PM

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 FEB 17 A 10:27

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	2. Exact name of the Corporation			
104023	**The Laundry Basket**			
3. Principal Office Address		City	State	Zip
10 Hans Street		**Cranston**	**RI**	**02910**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812310	**Coin Operated Laundry Facility**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Kenneth Mernick**			Vice-President Name		
Street Address **10 Hans Street**			Street Address		
City **Cranston**	State **RI**	Zip **02910**	City	State	Zip
Secretary Name **Linda Mernick**			Treasurer Name **Linda Mernick**		
Street Address **10 Hans Street**			Street Address **10 Hans Street**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common**	**0.00**

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.

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	Date
Linda Mernick, Corporate Secretary	**02/12/13**

Signature of Authorized Representative: Linda Mernick — SIGN 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

FILED
FEB 17 2020 10:27
BY WK768

FORM 630 - Revised: 10/2017