



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

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2020 FEB 26 P 2:14

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 000046147		2. Exact name of the Corporation J.J.'s Cleansers, Inc.			
3. Principal Office Address 155 Market Street			City Warren	State RI	Zip 02885
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island Dry cleaning services			
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 John J. Sheridan			Vice-President Name Raymond G. Poulin		
Street Address 2 Matthew Drive			Street Address 418 New River Road		
City Warren	State RI	Zip 02885	City Lincoln	State RI	Zip 02838
Secretary Name Christine P. Poulin			Treasurer Name Pauline Sheridan		
Street Address 418 New River Road			Street Address 2 Matthew Drive		
City Lincoln	State RI	Zip 02838	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John J. Sheridan			Director Name		
Street Address 2 Matthew Drive			Street Address		
City Lincoln	State RI	Zip 02838	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		
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 John J. Sheridan					Date 1/21/20
Signature of Authorized Representative 					

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

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FORM 630 - Revised: 10/2017