



RI SOS Filing Number: 202035786340 Date: 3/2/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

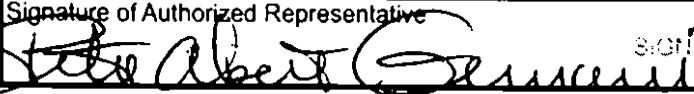
Annual Report for the year: **2020**
CorporationSTAMP
FILED

MAR 02 2020

→ 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 18253		2. Exact name of the Corporation NU-LUXE 1 HOUR CLEANSERS, INC.		BY <u>202305</u>	
3. Principal Office Address 825 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816
4. NAICS Code 561200		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A CLEANING AND WASHING SERVICE			
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 PETER ALBERT GERMANI			Vice-President Name PETER ALBERT GERMANI		
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name PETER ALBERT GERMANI			Treasurer Name JEAN GERMANI		
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER ALBERT GERMANI			Director Name JEAN GERMANI		
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR VALUE	
Changes require an additional filing.					
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 PETER ALBERT GERMANI				Date 1-29-20	
Signature of Authorized Representative 					

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

FORM 630 - Revised: 10/2017