STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No	2 Name of Corporation			
142366	PP & C Dry Cleaners Ltd.			
3 Street Address Principal Business Office		City	State	Zip
2 Cox Court		Bristol	R.I.	02809
4 Business Phone No	5 State of Incorporation			6 SIC Code
401-253-6098	RHODE ISLAND			812320

7 Brief Description of the Character of Business Conducted in Rhode Island
CLOTHING DRY CLEANING BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Paul Pimentel			Paul Pimentel		
Street Address			Street Address		
P.O. Box E			P.O. Box E		
City	State	Zip	City	State	Zip
Belmar	N.J.	07719	Belmar	N.J.	07719
Secretary Name			**Treasurer Name**		
Edward J. Cox II			Paul Pimentel		
Street Address			Street Address		
2 Cox Court			P.O. Box E		
City	State	Zip	City	State	Zip
Bristol	R.I.	02809	Belmar	N.J.	07719

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Paul Pimentel			Edward J. Cox II		
Street Address			Street Address		
P.O. Box E			2 Cox Court		
City	State	Zip	City	State	Zip
Belmar	N.J.	07719	Bristol	R.I.	02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE			200	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Signature of Officer — Date: 1/1/05

Edward J. Cox II
Print or Type Name of Officer

Secretary
Title of Officer

File Date	1/4/05
Check No	1247
By:	D.

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03