



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 59598
2. Name of Corporation Polo Cleaners, Inc.
3. Street Address Principal Business Office
11 MEMORIAL BOULEVARD
4. Business Phone No. (401) 849-1510
5. State of Incorporation RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island
DRY CLEANING BUSINESS

City NEWPORT State RI Zip 02840-
6. SIC Code 7435

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

President Name Joseph C. Rosa
Street Address 700 Aquidneck Avenue
City Middletown State RI Zip 02842
Secretary Name Joseph C. Rosa
Street Address 700 Aquidneck Avenue
City Middletown State RI Zip 02842

Vice President Name Joseph C. Rosa
Street Address 700 Aquidneck Avenue
City Middletown State RI Zip 02842
Treasurer Name Joseph C. Rosa
Street Address 700 Aquidneck Avenue
City Middletown State RI Zip 02842

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

Director Name None
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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



59598 DBC 01/11/05 11:06:03 AM
File Date 2-10-05
Check No. 5592
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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] 1/26/05
Signature of Officer Date
Joseph C. Rosa
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 59598
2. Name of Corporation Polo Cleaners, Inc.
3. Street Address Principal Business Office 11 MEMORIAL BOULEVARD
City NEWPORT State RI Zip 02840-
4. Business Phone No. 4018491510 5. State of Incorporation RHODE ISLAND 6. SIC Code 7435
7. Brief Description of the Character of Business Conducted in Rhode Island DRY CLEANING BUSINESS

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

President Name Joseph C. Rosa Vice President Name Joseph C. Rosa
Street Address 700 Aquidneck Avenue Street Address 700 Aquidneck Avenue
City Middletown State RI Zip 02842 City Middletown State RI Zip 02842
Secretary Name Joseph C. Rosa Treasurer Name Joseph C. Rosa
Street Address 700 Aquidneck Avenue Street Address 700 Aquidneck Avenue
City Middletown State RI Zip 02842 City Middletown State RI Zip 02842

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

Director Name None Director Name
Street Address Street Address
City City State State Zip Zip
Director Name Director Name
Street Address Street Address
City City State State Zip Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

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



5 9 5 9 8

59598 DBC 01/06/04 10:38:04 AM
File Date 1-26-04
Check No. 4975
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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]
Signature of Officer Joseph C. Rosa Date 1/16/04
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *59598*		2. Name of Corporation Polo Cleaners, Inc.			
3. Street Address Principal Business Office 11 MEMORIAL BOULEVARD			City NEWPORT	State RI	Zip 02840-
4. Business Phone No. 401-849-1510		5. State of Incorporation RHODE ISLAND		6. SIC Code 7435	
7. Brief Description of the Character of Business Conducted in Rhode Island DRY CLEANING BUSINESS					

8. NAMES AND ADDRESSES OF THE OFFICERS (X) DO NOT FOR ATTACHMENT () FILE IN BLACKS BEFORE USING ATTACHMENT

President Name Joseph C. Rosa			Vice President Name Joseph C. Rosa		
Street Address 700 Aquidneck Avenue			Street Address 700 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Joseph C. Rosa			Treasurer Name Joseph C. Rosa		
Street Address 700 Aquidneck Avenue			Street Address 700 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842

9. NAMES AND ADDRESSES OF THE DIRECTORS (X) DO NOT FOR ATTACHMENT () FILE IN BLACKS BEFORE USING ATTACHMENT

Director Name None			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

10. SHARES AUTHORIZED BY (X) DO NOT FOR ATTACHMENT () 11. SHARES ISSUED BY (X) DO NOT FOR ATTACHMENT ()

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	Common	No Par Value

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



59598 DBC1/9/03 3:34:53 PM

File Date: 1/21/03

Check No.: 4354

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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: [Signature]
Date: 1/19/03

Joseph C. Rosa
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59598** 2. Name of Corporation **Polo Cleaners, Inc.**
3. Street Address Principal Business Office **11 Memorial Boulevard** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401)849-1510** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7435**

7. Brief Description of the Character of Business Conducted in Rhode Island
The acquisition, ownership and maintenance of yachts, boats & vessels & any other lawful purpose.

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

President Name Joseph C. Rosa	Vice President Name Joseph C. Rosa
Street Address 700 Aquidneck Avenue	Street Address 700 Aquidneck Avenue
City Middletown State RI Zip 02842	City Middletown State RI Zip 02842
Secretary Name Joseph C. Rosa	Treasurer Name Joseph C. Rosa
Street Address 700 Aquidneck Avenue	Street Address 700 Aquidneck Avenue
City Middletown State RI Zip 02842	City Middletown State RI Zip 02842

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

Director Name None.	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

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



File Date: 2-22-02
Check No.: 3740
By: [Signature]

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: [Signature] Date: 2/18/02
Joseph C. Rosa
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59598** 2. Name of Corporation **Polo Cleaners, Inc.**
3. Street Address Principal Business Office **700 Aquidneck Avenue** City **Middletown** State **RI** Zip **02842**
4. Business Phone No. **(401) 847-8780** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7435**

7. Brief Description of the Character of Business Conducted in Rhode Island

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		
Joseph Rosa			Joseph Rosa		
Street Address			Street Address		
83 Wyndham Hill			83 Wyndham Hill		
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Secretary Name			Treasurer Name		
Joseph Rosa			Joseph Rosa		
Street Address			Street Address		
83 Wyndham Hill			83 Wyndham Hill		
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842

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

Director Name			Director Name		
None.					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS. NO. PAR. VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

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



* 5 9 5 9 8 *

File Date: 3-28-01
Check No.: 0498
By: [Signature]

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] Date _____
Joseph Rosa
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **59598** 2. Name of Corporation **Polo Cleaners, Inc.**
 3. Street Address Principal Business Office **700 Aquidneck Av Midd RI 02849**
 4. Business Phone No. **(401) - 847-8780** 5. State of Incorporation **RHODE ISLAND**
 6. SIC Code **7435**
 7. Brief Description of the Character of Business Conducted in Rhode Island **DRY Cleaning**

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

President Name Joseph Rosa Street Address 83 Wyndham Hill City Midd RI 02849	Vice President Name SAME Street Address SAME City Midd RI 02849
Secretary Name same as above Street Address same as above City Midd RI 02849	Treasurer Name SAME Street Address SAME City Midd RI 02849

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

Director Name None Street Address None City None	Director Name None Street Address None City None
Director Name None Street Address None City None	Director Name None Street Address None City None

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS	NO	PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
None		

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



* 59598 *

PAID

File Date: **FEB 14 2000**

Check No.: **SECRETARY OF STATE**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Joseph Rosa **2/12/00**
Signature of Officer Date

Joseph Rosa
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59598** 2. Name of Corporation **Polo Cleaners, Inc.**
3. Street Address Principal Business Office
700 Aquidneck Av City **Middletown** State **RI** Zip **02842**
4. Business Phone No. **401-847-8780** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7435**

7. Brief Description of the Character of Business Conducted in Rhode Island
DRY CLEANER

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

President Name Joseph C Rosa	Vice President Name SAME
Street Address 700 Aquidneck Av	Street Address
City Middletown RI Zip 02842	City State Zip
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City State Zip	City State Zip

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

Director Name NONE	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 5 9 5 9 8 *

File Date: **Feb 2, 99**
Check No.: **5220**
By: **J.D.**

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: **Joseph C Rosa** Date: **1/29/99**
Print or Type Name of Officer: **Joseph C Rosa**

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **59598** 2. Name of Corporation **Polo Cleaners, Inc.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. **700 Aquidneck Ave** 5. State of Incorporation **Middletown** **RI** 02842
847-8780 **RHODE ISLAND** 6. SIC Code **7435**

7. Brief Description of the Character of Business Conducted in Rhode Island

dry cleaners

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Joseph C. Rosa	Vice President Name same
Street Address 83 Wyndham Hill	Street Address same
City Middletown	City RI
State RI	State 02842
Zip 02842	Zip 02842
Treasurer Name same	Treasurer Name same
Street Address same	Street Address same
City same	City same
State same	State same
Zip same	Zip same

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name none	Director Name none
Street Address none	Street Address none
City none	City none
State none	State none
Zip none	Zip none

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

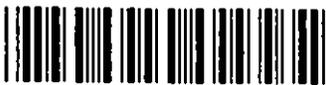
1,000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value

none

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



* 5 9 5 9 8 *

File Date: **1-20-98**

Check No.: **4978**

By: **UP**

FOR SECRETARY OF STATE USE ONLY

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: **Joseph C. Rosa** Date: **1/3/98**
Print or Type Name of Officer: **Joseph C. Rosa**
Title of Officer: **President**



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
59598

2. Name of Corporation
Polo Cleaners, Inc.

3. Street Address Principal Business Office

700 Aquidneck Av

City **Midd**

State **RI**

Zip **02842**

4. Business Phone No.

847-8780

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7435

7. Brief Description of the Character of Business Conducted in Rhode Island

DRY Cleaning

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Joseph C Rosa

Vice President Name

SAME

Street Address

83 Wyndham Hill

Street Address

City

Midd

State

RI

Zip

02842

City

State

Zip

Secretary Name

Same

Treasurer Name

SAME

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES ✓

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL

1000

SHS

NO Par Value

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



* 5 9 5 9 8 *

File Date: **2-11-97**

Check No.: **4780**

By: **ilp**

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: **Joseph C Rosa** Date: **1/26/97**

Print or Type Name of Officer: **Joseph Rosa**

Title of Officer: **President**

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO: 59598
2. NAME OF CORPORATION: Polo Cleaners, Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 700 Aquidneck Ave, Middletown, RI 02842
4. BUSINESS PHONE NO.: 401-847-8780
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 7435

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: DRY Cleaner

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Joseph P. Rosa
VICE PRESIDENT NAME: Same
STREET ADDRESS: 83 Wyndham Hill, Middletown, RI 02842
SECRETARY NAME: Same
TREASURER NAME: Same

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: [Blank]
STREET ADDRESS: [Blank]
CITY: [Blank] STATE: [Blank] ZIP CODE: [Blank]

DIRECTOR NAME: [Blank]
STREET ADDRESS: [Blank]
CITY: [Blank] STATE: [Blank] ZIP CODE: [Blank]

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000	SHS NO PAR VAL				

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 1/4/96
Check No: 4564
By: [Signature]
For Secretary of State Use Only

Signature of Officer: [Signature]
Print or Type Name of Officer: Joseph P. Rosa
Title of Officer: President
Date: 1/3/96



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.
 0059598

Corporate ID: _____ Annual Report for the year: 1995

Name of Corporation: Polo Cleaners, Inc.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office: _____

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

700 Aquidneck Avenue
Middletown, RI 02842

Phone: (401) 847-8780

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Operation of a laundry and dry cleaning business.

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Joseph C. Rosa</u>	<u>83 Wyndham Hill Road, Middletown, RI</u>	<u>02842</u>	
VICE PRESIDENT <u>Joseph C. Rosa</u>	<u>83 Wyndham Hill Road, Middletown, RI</u>	<u>02842</u>	
SECRETARY <u>Joseph C. Rosa</u>	<u>83 Wyndham Hill Road, Middletown, RI</u>	<u>02842</u>	
TREASURER <u>Joseph C. Rosa</u>	<u>83 Wyndham Hill Road, Middletown, RI</u>	<u>02842</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>1000</u>	<u>Common</u>	<u>100</u>	<u>Common</u>
	<u>No par value</u>		<u>No par value</u>

Date 1/15 19 95

By:
Joseph C. Rosa
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOSEPH C. ROSA
 700 AQUIDNECK AVENUE
 MIDDLETOWN RI 02842

FILED
 JAN 23 1995

 4/107

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT *CH# 3607 mca*
State of Rhode Island and Providence Plantations *450*
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903 1335
401-277-3040

File Annually
I.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 005959a Annual Report for the year: 1994

Name of Business Entity: Polo Cleaners, Inc.

Business entity organized under the laws of the State of Rhode Island.

Business Entity is (check one)
 Business Corporation (See RIGL Chapter 7-11)
 Professional Service Corporation (See RIGL Chapter 7-51)
 Limited Liability Company (See RIGL 7-16)

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:
N/A

Name, title and mailing address of contact person to whom communications may be directed.

Joseph C. Rosa, President
Polo Cleaners, Inc.
700 Aquidneck Ave.
Middletown, RI 02842

Phone: [REDACTED]

Address and telephone of the principal office of business entity in Rhode Island (Provide street address. Not P.O. Box).

700 Aquidneck Ave
Middletown RI 02842

Brief statement of the character of business conducted in Rhode Island.
Operation of a laundry and dry
cleaning business

Phone: 401-847-8780

Date of Organization: March 9, 1990
Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER / <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Joseph C. Rosa</u>	<u>83 Wyndham Hill Rd.</u>	<u>Middletown RI</u>	<u>02842</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>Joseph C. Rosa</u>	<u>same as above</u>		
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>Joseph C. Rosa</u>	<u>same as above</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Joseph C. Rosa</u>	<u>same as above</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)
NUMBER <u>1,000</u>	NUMBER <u>100</u>
CLASS <u>Common Stock</u>	CLASS <u>Common Stock</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>No par value</u>	PAR VALUE OR WITHOUT PAR <u>No par value</u>

Date: March 28, 1994

By: [Signature]

Joseph C. Rosa
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JOSEPH C. ROSA
700 AQUIDNECK AVENUE
MIDDLETOWN RI 02842

FILED

APR 05 1994

By: [Signature]

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

2974 JB
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0059598 Annual Report for the year 1993

FIRST: The name of the corporation is Polo Cleaners, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operation of a laundry and dry cleaning business.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 700 Aquidneck Avenue, Middletown, RI 02840.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Joseph C. Rosa	President	83 Wyndham Hill Road, Middletown, RI 02840
Joseph C. Roša	Vice President	same as above
Joseph C. Rosa	Secretary	same as above
Joseph C. Roša	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common Stock		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common Stock		No par value

Dated 2/24 19 93

Polo Cleaners, Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

CK 2336
CA

Corporate ID 0053598 Annual Report for the year 1992

FIRST: The name of the corporation is Polo Cleaners, Inc.

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THIRD: Character of business, briefly stated, is the operation of a laundry and dry cleaning business and for any other lawful purpose

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	Director	
	Director	
Joseph C. Rosa	President	700 Aquidneck Avenue, Middletown, RI 02840
	Vice President	
Joseph C. Rosa	Secretary	same as above
Joseph C. Rosa	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par

PAID

MAR 11 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par

SECY OF STATE

Dated March 10 19 92

Polo Cleaners, Inc.
(Name of Corporation)

By Joseph C. Rosa
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID

FEB 11 1991

CLERK OF STATE

Dated 2/4 19 91

Polo Cleaners, Inc.
(Name of Corporation)

By Joseph C. Rosa
Joseph C. Rosa
Title President

(Report must be signed by an officer)