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			
132999	LAUNDRY WORLD INC			
3. Street Address Principal Business Office		City	State	Zip
722 Cranston Street		Providence	RI	02907
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			7419

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATION OF A COIN OPERATED LAUNDROMAT

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

President Name	Vice President Name
Steven Waldman	Gregory Costantino
Street Address	Street Address
11 JFK Circle	104 Olney Ave
City / State / Zip	City / State / Zip
N. Prov / RI / 02904	N. Prov / RI / 02911
Secretary Name	Treasurer Name
Steven Waldman	Gregory Costantino
Street Address	Street Address
Same as above	Same as above
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	Director Name
None	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) ☐ **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 NO PAR VALUE			1000		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.

Steven Waldman — 2/1/05
Signature of Officer — *Date*

Steven Waldman
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 2/28/04
Check No. 102
By: W.
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 2004

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			
132999	LAUNDRY WORLD INC			
3. Street Address Principal Business Office: 11 John F Kennedy Circle	City: North Providence	State: RI	Zip: 02904	
4. Business Phone No.: 401 270-9024	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 7419	

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATION OF A COIN OPERATED LAUNDROMAT - inactive-building under construction will open summer 2004

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

President Name	Vice President Name
Steven Waldman	Gregory Castantino
Street Address: 11 John F Kennedy Circle	Street Address: 104 Olney Avenue
City: North Providence State: RI Zip: 02904	City: North Providence State: RI Zip: 02911
Secretary Name	**Treasurer Name**
Steven Waldman	Gregory Castantino
Street Address: 11 John F Kennedy Circle	Street Address: 104 olney Avenue
City: North Providence State: RI Zip: 02904	City: North Providence State: RI Zip: 02911

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

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

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 NO PAR VALUE			1,000		no Par Value

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

[redacted] [redacted]

*132999

File Date 3/2/04
Check No. 1063
By: [illegible]

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] 1/12/03
Signature of Officer *Date*

Steven Waldman
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03