RI SOS Filir	Date: 2/5/20	Date: 2/5/2021 4:00:00 PM					
State of Rhode Island Department of S	tate - Busine	ess Services (Division				
Control of the contro			1	EII IED	STATAN		
Annual Report for the y Corporation		_		· ! [
·				FE	B 0 5 2021	4 21 70 75 V = 21 VT = 2 4 7 14 V	
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00					\sim		
→ Penalty: Additional \$25.00) fee if form is no	t filed by April 1.		BY			
Entity ID Number	2. Exact nam	e of the Corporation	1		,		_
74362	Royal Cleans	ers, Inc					
3. Principal Office Address			City		State	Zip	
639 Cottage street		Pawtucket		RI	02861		
4. NAICS COLE 7 50]	iption of the charac gand Laundry	ter of business cor	nducted in Rhode Is	sland	•	
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and a	Check the box to indicate an attachment 🗀						
President Name Abiodun Shokunbi			Vice-President Name				
Street Address 150 Rice Street			Street Address				
^{City} Pawtucket	State RI	^{Zip} 02861	City		State	Zîp	
Secretary Name Abiodun Shokun	Treasurer Name						
Street Address 150 Rice Street			Street Address				
^{City} Pawtucket	State RI	^{Zip} 02861	City		State	Zip	
8. List ALL directors (names and	addresses)	•		Check	the box to ind	icate an attachment	
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	
9. Shares Authorized					heck the box to indicate an attachment /SERIES PARAMUE		
This information is currently of record in the Department of State.			NUMBER OF SHARES		<u> </u>	PARYALUE	
		600	İ				
Changes require an additional filling.							
11. This report must be executed	d on behalf of the	corporation by an a	authorized represe	ntative. If the corpo	ration is in the	e hands of a receiver	r or
trustee, this report must be exec	uted on behalf of	the corporation by	the receiver or trus	stee.		_	
Under penalty of perjury, I dec statements, and that all staten				cluding any accon	npanying sch	edules and	
Name of Authorized Representa		lun Shokembi		Date J 600	12/21		
0:	110	ACTIVITY ON	MUTATION				

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov