State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
FEB 18 2021
BY 132 RS

1. Entity ID Number	2. Exact name of the Corporation			
537	AIRWAY CLEANSERS INC.			
3. Principal Office Address		City	State	Zip
ONE FRANKLIN SQUARE		PROVIDENCE	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812310				
5. State of Incorporation				
RHODE ISLAND	DRY CLEANING BUSINESS			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
GERARD DiSANTO	GERARD DiSANTO
Street Address: ONE FRANKLIN SQUARE	Street Address: ONE FRANKLIN SQUARE
City: PROVIDENCE State: RI. Zip: 02903	City: PROVIDENCE State: RI. Zip: 02903
Secretary Name: GERARD DiSANTO	Treasurer Name: GERARD DiSANTO
Street Address: ONE FRANKLIN SQUARE	Street Address: ONE FRANKLIN SQUARE
City: PROVIDENCE State: RI Zip: 02903	City: PROVIDENCE State: RI Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
GERARD DiSANTO	
Street Address: 729 CENTRAL AVE.	Street Address:
City: JOHNSTON State: RI Zip: 02919	City: State: Zip:
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	Common	No Pal Value

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	Date
Gerard Di Santo	2/11/2021
Signature of Authorized Representative	
Gerard Di Santo	

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: 08/2020