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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.

FEB 24 2021

1. Entity ID Number	2. Exact name of the Corporation
919470	Narragansett Boulevard Laundry, Inc.

3. Principal Office Address	City	State	Zip
1054 Narragansett Boulevard	Cranston	RI	02905

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812310	LAUNDROMAT AND RELATED SERVICES
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Constantinos Perdikakis	Antonia Perdikakis
Street Address: 126 Beechwood Drive	Street Address: 126 Beechwood Drive
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921
Secretary Name: Antonia Perdikakis	Treasurer Name: Constantinos Perdikakis
Street Address: 126 Beechwood Drive	Street Address: 126 Beechwood Drive
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921

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

Director Name	Director Name
Constantinos Perdikakis	Antonia Perdikakis
Street Address: 126 Beechwood Drive	Street Address: 126 Beechwood Drive
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921
Director Name: None	Director Name: None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par 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
Constantinos Perdikakis	2/22/21

Signature of Authorized Representative

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