RI SOS	Filing Number:	2021936790	50 Date: 3/s	5/2021 4:00:00	PM		
State of Rhode Islan Department of		ess Services	Division				
Nnnual Report for the year: 2021			MAR 05 2021				
Sorporation ————————————————————————————————————			011010				
→ Filing period: January→ Filing Fee: \$50.00	1 - March 1			B\.	$- \mathcal{T}$	10 <u>9</u>	
→ Penalty: Additional \$25	0.00 fee if form is no	t filed by April 1.			_	()>	
Entity ID Number		e of the Corporatio					
000116902	PAUL'S DRY	CLEANING SER	VICES, INC.				
3. Principal Office Address 571 HARTFORD AVENUE			City PROVIDENC	CE	State RI	2ip 02909	
4. NAICS Code	6. Brief descr	iption of the charac	cter of business co	anducted in Rhode Is	sland		_
812990	TO PROVID	E DRY CLEANIN	IG AND RELATE	D SERVICES.			
5. State of Incorporation							
RI							
7. List ALL officers (names ar President Name	Check the box to indicate an attachment						
President Name SEONG PAL HAM			SAME				
Street Address 7 HILARITY STREET			Street Address				
^{City} PROVIDENCE	State RI	Zip ₀₂₉₀₉	City		State	Zîp	
Secretary Name SAME	Treasurer Name SAME						
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	and addresses)			Check	the box to i	ndicate an attachment	j
Director Name NONE			Director Name				
Street Address			Street Address		<u>.</u>	-	_
City	State	Zip	City		State	Zıp	_
Director Name		Director Name					
Street Address	Street Address						
City State		Zip	City		State	Zip	
<u> </u>	0.0.0		J., ,	<u>.</u>		<u>.</u>	_
9. Shares Authorized 10. Shares Is This information is currently of record in the NUMBER			Sued OF SHARES				
Department of State.		100				\$1.00	
Changes require an additional	l filing.						_
· · · · · · · · · · · · · · · · · · ·					tion in in	the hands of a receiver	_
11. This report must be executivistee, this report must be e					Jiallon 15 III	the hands of a receiver o	"
Under penalty of perjury, I	declare and affirm	that I have examii	ned this report, is		npanying s	chedules and	
statements, and that all sta		herein are true a	nd correct.		Date	····	
Name of Authorized Represe SEONG PAI, HAM		02/09/2021					
Signature of Authorized Rep	recentative						_
Signature of Authorized Repl	resentative						

MAIL TO:

Division of Business Services

148 W. R.ver Street, Providence, Rhode Island 02904-2615

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