



FILED

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.

MAR 17 2021
 BY *[Signature]*

1. Entity ID Number 001681245		2. Exact name of the Corporation Peter's Laundry & Linen Service, Inc.			
3. Principal Office Address 506 York Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island To engage in the business of laundry services and all othr lawfully related services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter M. Nixon			Vice-President Name Peter M. Nixon		
Street Address 25 Melanie Lane			Street Address See above		
City Wrentham	State MA	Zip 02903	City	State	Zip
Secretary Name Peter M. Nixon			Treasurer Name Peter M. Nixon		
Street Address See above			Street Address See above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter M. Nixon			Director Name		
Street Address See above			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	common	.01
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 Peter M. Nixon				Date 3/11/2021	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov