

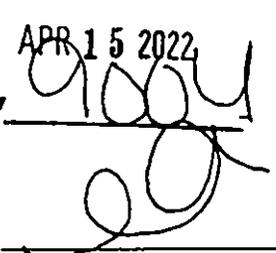
State of Rhode Island
 Department of State - Business Services Division

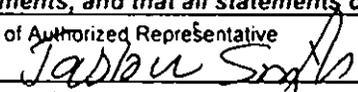
Annual Report for the year: 2022
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 15 2022

BY: 

1. Entity ID Number 000129238		2. Exact name of the Corporation J H GREWAL INC				
3. Principal Office Address 1557 PLAINFIELD PIKE			City JOHNSTON	State RI	Zip 02919	
4. NAICS Code 812310		6. Brief description of the character of business conducted in Rhode Island LAUNDROMAT				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name JASBIR SINGH			Vice-President Name			
Street Address 12 K - MARIE DRIVE			Street Address			
City ATTLEBORO	State MA	Zip 02703	City	State	Zip	
Secretary Name JASBIR SINGH			Treasurer Name JASBIR SINGH			
Street Address 12 K - MARIE DRIVE			Street Address 12 K - MARIE DRIVE			
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703	
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
Director Name JASBIR SINGH			Director Name			
Street Address 12 K - MARIE DRIVE			Street Address			
City ATTLEBORO	State MA	Zip 02703	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		CLASS/SERIES	PAR VALUE	
		100		CNP	0	
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	
Signature of Authorized Representative JASBIR SINGH						

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