



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUSINESS DIV

2022 APR 14 P 2:04

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.

1. Entity ID Number 001713250		2. Exact name of the Corporation ONE STOP LAUNDRY INC			
3. Principal Office Address 196 STANWOOD STREET			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 721500		6. Brief description of the character of business conducted in Rhode Island COIN OPERATED LAUNDRY AND CLEANING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LEEVAN SANO			Vice-President Name LEEVAN SANO		
Street Address 3 DUARANTE AVENUE			Street Address 3 DUARANTE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			500		CNP
			PAR VALUE		0.001
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. <i>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.</i>					
Name of Authorized Representative LEEVAN SANO				Date 03/27/2022	
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

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