



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

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

JAN 19 2023
 BY

1. Entity ID Number 1673600		2. Exact name of the Corporation MINERAL SPRING LAUNDROMAT, INC.			
3. Principal Office Address 346 ARMISTICE BLVD		City PAWTUCKET		State RI	Zip 02861
4. NAICS Code 812310		6. Brief description of the character of business conducted in Rhode Island COIN OPERATED LAUNDROMAT - WASH & DRY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NAWEE HENG		Vice-President Name NAWEE HENG			
Street Address 194 BURNSIDE AVE		Street Address SAME			
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name NAWEE HENG		Treasurer Name NAWEE HENG			
Street Address SAME		Street Address SAME			
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		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 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		COMMON	NO PAR
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 NAWEE HENG, PRESIDENT				Date 01-16-23	
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