



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
CorporationFEB 03 2023 *OR*  
*may*

- 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 <b>000142505</b>		2. Exact name of the Corporation <b>DEBORAH LUTHER MARTITZ, INC.</b>			
3. Principal Office Address <b>409 WARREN AVENUE</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>812320</b>		6. Brief description of the character of business conducted in Rhode Island <b>DRY CLEANERS DROP STORE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DEBORAH LEE MARTITZ</b>			Vice-President Name <b>DEBORAH LEE MARTITZ</b>		
Street Address <b>409 WARREN AVENUE</b>			Street Address <b>409 WARREN AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>DEBORAH LEE MARTITZ</b>			Treasurer Name <b>DEBORAH LEE MARTITZ</b>		
Street Address <b>409 WARREN AVENUE</b>			Street Address <b>409 WARREN AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DEBORAH LEE MARTITZ</b>			Director Name		
Street Address <b>409 WARREN AVENUE</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>300</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</b>
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 <b>DEBORAH L. MARTITZ</b>				Date <b>2/2/2023</b>	
Signature of Authorized Representative <i>Deborah Martitz</i>					