

State of Rhode Island

Department of State - Business Services Division

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

FILED

FEB 21 2023

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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 100		CLASS/SERIES CNP
			PAR VALUE 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 Jasbir Singh				Date 2/13/23	
Signature of Authorized Representative JASBIR SINGH					

## MAIL TO:

Division of Business Services

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