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

Entity ID Number	2 Exact name of the Corporation							(
000129238	J H GREW	AL	INC								
Principal Office Address			City				State	Zip			
1557 PLAINFIELD	PIKE		JOHNS	<u>TO</u>	N		RI	02919			
4. NAICS Code	6 Brief description	f the character of busi	ness conducted in Rhode Island								
812310											
5 State of Incorporation											
RI	LAUNDROMAT										
7. List ALL officers (names and addresses)					Check the box to indicate an attachment						
President Name					Vice-President Name						
JASBIR SINGH_											
Street Address					Street Address						
12 K - MARIE DR	IV <u>E</u>										
City	State	Zıp		City State		State		Zıp			
ATTLEBORO	MA	0	2703								
Secretary Name	ecretary Name				Treasurer Name						
JASBIR SINGH				JASBIR SINGH							
Street Address				Street Address							
12 K - MARIE DRI	DRIVE				12 K - MARIE DRIVE						
City	State	Zip		City			State		Zıp		
ATTLEBORO	MA	0	2703	ATTLE	BO	RO	MA		02703		
List ALL directors (names and addresses)					Check the box to indicate an attachment						
Director Name					Director Name						
JASBIR SINGH_											
Street Address					Street Address						
12 K - MARIE DRIVE											
City	State	tate Zip		City State			State		Zip		
ATTLEBORO	MA	<u>IA 02703</u>									
Director Name					Director Name						
Street Address				Street Address							
City	State	Zıp		City			State		Zıp		
9. Shares Authorized	<u> </u>	_	10 Shares Issued	<u> </u>		Che	ck the bo	x to indic	ate an attachment	- 	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIES					PAR VALUE			
			100	CNP				0			
Changes require an additional filing.											
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 2)			
Jason Syll									! /13 /23		
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