



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAFF
MAR 14 2023
3242 *or*

- 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 153530		2. Exact name of the Corporation Extreme Clean Laundry, Inc.			
3. Principal Office Address 333 Armistice Boulevard			City Pawtucket	State RI	Zip 02861
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island To operate a laundromat			
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 Paul M. Staffier			Vice-President Name Antonio Mazza		
Street Address 11 Tulip Way			Street Address 10 Bailey Road		
City Medway	State MA	Zip 02053	City Cohasset	State MA	Zip 02025
Secretary Name Antonio Mazza			Treasurer Name Paul M. Staffier		
Street Address 10 Bailey Road			Street Address same		
City Cohasset	State MA	Zip 02025	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul M. Staffier			Director Name		
Street Address same as above			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		PAR VALUE
			200	common	none
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 Paul M. Staffier				Date 3/1/23	
Signature of Authorized Representative 					

MAIL TO:
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