



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023  
Corporation

MAR 17 2023

BY 7919  
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- 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>164263</b>	2. Exact name of the Corporation <b>Purity Laundry, Inc.</b>
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3. Principal Office Address <b>390 Metacom Avenue</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
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4. NAICS Code <b>812310</b>	6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a laundry and dry cleaning service as well as any other legally related endeavor.</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>Scott P. McGregor</b>			Vice-President Name <b>Denise A. McGregor</b>		
Street Address <b>390 Metacom Avenue</b>			Street Address <b>390 Metacom Avenue</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Scott P. McGregor</b>			Treasurer Name <b>Denise A. McGregor</b>		
Street Address <b>390 Metacom Avenue</b>			Street Address <b>390 Metacom Avenue</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</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>Scott P. McGregor</b>			Director Name <b>Denise A. McGregor</b>		
Street Address <b>390 Metacom Avenue</b>			Street Address <b>390 Metacomm Avenue</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
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	CLASS/SERIES	PAR VALUE
	<b>200</b>	<b>Common</b>	<b>No par value</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>Scott P. McGregor</b>	Date <b>2/7/23</b>
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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