State of Rhode Office of the Secreta Division Of Business 148 W. River S Providence RI 029 (401) 222-30Limited Liability Company Annual Report Eiling Datied, Enhancement of March	ary of State s Services treet
148 W. River S1636148 W. River SProvidence RI 029(401) 222-30Limited Liability CompanyAnnual Report	treet
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Limited Liability Company Annual Report	10
Annual Report	40
Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001728545</u>	
2. Exact Name of the Limited Liability Company <u>TrayC Wash & Fold Services LLC</u>	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>812320</u>	
4. Brief Description of the Character of the Business Wh Island	ch is Actually Conducted in Rhode
PICK UP AND DELIVERY LAUNDRY SERVICE	
5. Principal Office Address	
No. and Street: <u>345 NAHATAN ST</u> <u>3</u>	
City or Town: <u>NORWOOD</u> State: <u>F</u>	<u>RI</u> Zip: <u>02062</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: <u>TRACEY GRACIA</u> Contact Title: No. and Street: <u>61 WASHINGTON ST</u>	
<u>3</u> City or Town: <u>CENTRAL FALLS</u> State:	RI Zip: 02863 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TRACEY GRACIA 61 WASHINGTON ST APT 3 CENTRAL FALLS , RI 02863

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of April, 2023 at 6:48:35 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TRACEY GRACIA

Signature of Authorized Person

Form No. 632 Revised 09/07

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