



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

APR 13 2023

BY

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1. Entity ID Number 919470		2. Exact name of the Corporation Narragansett Boulevard Laundry, Inc.			
3. Principal Office Address 660 School Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 812310		6. Brief description of the character of business conducted in Rhode Island Laundromat and related services			
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 Constantinos Perdikakis			Vice-President Name Antonia Perdikakis		
Street Address 660 School Street			Street Address 660 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Antonia Perdikakis			Treasurer Name Constantinos Perdikakis		
Street Address 660 School Street			Street Address 660 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Constantinos Perdikakis			Director Name Antonia Perdikakis		
Street Address 660 School Street			Street Address 660 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name None			Director Name None		
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		CLASS/SERIES
			200		Common
					PAR VALUE
					No Par Value
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 Constantinos Perdikakis					Date 4-1-23
Signature of Authorized Representative 					