



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 18 2023

BY

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DS

1. Entity ID Number 18253		2. Exact name of the Corporation NU-LUXE 1 HOUR CLEANSERS, INC.												
3. Principal Office Address 825 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816									
4. NAICS Code 8120		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A CLEANING AND WASHING SERVICE												
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 PETER ALBERT GERMANI			Vice-President Name PETER ALBERT GERMANI											
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DRIVE											
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920									
Secretary Name PETER ALBERT GERMANI			Treasurer Name JEAN GERMANI											
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DRIVE											
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name PETER ALBERT GERMANI			Director Name JEAN GERMANI											
Street Address 55 SURREY DRIVE			Street Address 55 SURREY DRIVE											
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920									
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.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">NO PAR VAUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VAUE			
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100	COMMON	NO PAR VAUE												
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 PETER ALBERT GERMANI			Date 2-16-23											
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov