



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 STAMP

JUN -7 2023

3Y 8728

ES

1. Entity ID Number 142366		2. Exact name of the Corporation PP & C DRY CLEANERS LTD			
3. Principal Office Address 32 LORRAINE STREET			City BARRINGTON	State RI	Zip 02806
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island DRY CLEANING AND TAILORING			
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 EDWARD J COX II			Vice-President Name		
Street Address 32 LORRAINE STREET			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name EDWARD J COX II			Treasurer Name EDWARD J COX II		
Street Address 32 LORRAINE STREET			Street Address 32 LORRAINE STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDWARD J CO X II			Director Name		
Street Address 32 LORRAINE STREET			Street Address		
City BARRINGTON	State RI	Zip 02806	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		CLASS/SERIES	
		200		COMMON	
				PAR VALUE	
				0	
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 EDWARD J COX II				Date 06/04/2023	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov