



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

Corporation \_\_\_\_\_

- 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 000142366		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name EDWARD J COX II			Vice-President Name		
Street Address 32 LORRAINE STREET			Street Address		
City BARRINGTON		State RI	Zip 02806	City	State
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
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name EDWARD J COX II			Director Name		
Street Address 32 LORRAINE STREET			Street Address		
City BARRINGTON		State RI	Zip 02806	City	State
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	State
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/RIES	PAR VALUE	
		200	COMMON	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. <b>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.</b>					
Name of Authorized Representative EDWARD J COX II				Date 01/23/2024	
Signature of Authorized Representative 					

FILED  
JAN 30 2024  
BY PJ 9105

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02804-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov