State of Rhode Island
**Department of State - Business Services Division**

FILED
MAR 13 2024
BY

**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 | 2. Exact name of the Corporation |
|---|---|
| 1673600 | MINERAL SPRING LAUNDROMAT, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 346 ARMISTICE BLVD | PAWTUCKET | RI | 02861 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 812310 | COIN OPERATED LAUNDROMAT - WASH & DRY |
| 5. State of Incorporation | |
| RHODE ISLAND | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| NAWEE HENG | NAWEE HENG |
| Street Address: 194 BURNSIDE AVE | Street Address: SAME |
| City: SEEKONK, State: MA, Zip: 02771 | City, State, Zip |
| Secretary Name: NAWEE HENG | Treasurer Name: NAWEE HENG |
| Street Address: SAME | Street Address: SAME |
| City, State, Zip | City: , State: , Zip: |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | COMMON | NO PAR |
| | | |

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 | Date |
|---|---|
| NAWEE HENG, PRESIDENT | 02-24-24 |

Signature of Authorized Representative: Nawee Heng

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FORM 630 - Revised: 11/2021**