

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

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.

REC'D RHODE ISLAND
24 APR 5 12:45 PM '24

1. Entity ID Number 1694048		2. Exact name of the Corporation WHITE WAY LAUNDRY, INC			
3. Principal Office Address 271 HALL AVENUE			City WALLINGFORD		State CT
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island LAUNDRY, UNIFORM RENTAL			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS GRASSER			Vice-President Name		
Street Address 112 MAPLEVIEW ROAD			Street Address		
City WALLINGFORD	State CT	Zip 06492	City	State	Zip
Secretary Name FRANK J. MARESCA, JR.			Treasurer Name FRANK J. MARESCA		
Street Address 11 LAURELWOOD DRIVE			Street Address 6 FAIRWAY DRIVE		
City WALLINGFORD	State CT	Zip 06492	City WALLINGFORD	State CT	Zip 06492
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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	
		1830		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 <i>Thomas Grasser</i>					Date 4/2/24
Signature of Authorized Representative THOMAS GRASSER					

FILED

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

APR 05 2024
BY ML KR4mm