



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.

APR 10 2024

7066 02

1. Entity ID Number 000053544		2. Exact name of the Corporation M.J. Nalbandian, Inc.			
3. Principal Office Address 45 Kettle Court		City North Kingstown		State RI	Zip 02852
4. NAICS Code 812310		6. Brief description of the character of business conducted in Rhode Island Full Service Laundromat			
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 Martin Nalbandian			Vice-President Name		
Street Address 45 Kettle Court			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name Deborah Nalbandian		
Street Address			Street Address 45 Kettle Court		
City	State	Zip	City North Kingstown	State RI	Zip 02852
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	PAR VALUE
		600		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. <u>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.</u>					
Name of Authorized Representative Deborah Nalbandian				Date March 25, 2024	
Signature of Authorized Representative <i>Deborah Nalbandian</i>					

MAIL TO:
Division of Business Services
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