State of Rhode Island Department of State - Business Services Division					RECO 24 KAY		
Annual Report for the year: 2024) RII '28	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Corporation		 			RIDOS 28 pr/2		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00					స్త్రు		
→ Penalty: Additional \$25.0	0 fee if form is	not filed by May	· 31 .		250		
Entity ID Number		me of the Corpor			~		
000155766	Citu	Iline La	aundry, =	Inc.			
3. Principal Office Address		1	City		State	Zip	
194 Reservoir	$\Delta u e$		Line	coln	マスエ	02865	
4. NAICS Code		cription of the ch		ss conducted in Rhode			
812310		,					
5. State of Incorporation	- La	undrow	79+				
I W.							
7 List ALL officers (names and a	ddresses)		 :	Check the t	ov to indicate	an attachment	
President Name				Check the box to indicate an attachment Vice-President Name			
Felix Builday Street Address							
194Reservoir Ave				Street Address			
City	State	Zip	City		State	Zip	
Lincoln	K+	0580					
Secretary Name				Treasurer Name			
Street Address			Street Add	Street Address			
City	State	Zip	City	··	State	Zip	
8. List ALL directors (names and	addrassas\			Charl the t	an in diadia		
Director Name	addresses)		Director Na		oox to indicate	an attachment 🔲	
2							
Street Address	Street Addi	Street Address					
City	State	Zip	City		State	Zip	
Director Nome							
Director Name	Director Na	Director Name					
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Addr	ress	·	 ,	
City	State	12:-			10:::	1=	
City	State	Zip	City		State	Zip	
9. Shares Authorized	···	10. Shares		Check the	box to indicate	an attachment	
This information is currently of re- Department of State.	cord in the	MUMB	ER OF SHARES	CLASS/SERIE	:S	PAR VALUE	
Changes are side as additional filters		100	()			,01	
Changes require an additional filir	ng.					-	
11. This report must be executed	on behalf of th	e corporation by	an authorized rep	I presentative. If the corp	oration is in the	e hands of a re-	
ceiver or trustee, this report mus	t be executed o	in behalf of the co	propration by the	receiver or trustee.			
Under penalty of perjury, I dec statements, and that all staten	iare and amm nents containe	i that i nave exa. d herein are tru:	mined this repor e and correct.	t, including any accor	mpanying sch	edules and	
Name of Authorized Representative				FILED	Date		
FelixBondar				· · · · · · ·	15/2	824	
Signature of Authorized Representative				MAY 2 8 2024	1 - 1-		
an				11/ 00 2024			
MAIL TO:			ВУ	WCY15Y			
Division of Business Services				-	XX		
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040							

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630- Revised: 12/2023