

CW121 10/11/2024 6:22 PM

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 RIDOS BSD
25 JAN 10 PM 2:27:25

1. Entity ID Number 000017970		2. Exact name of the Corporation RAY'S POLY CLEAN CENTERS, INC.									
3. Principal Office Address 1015 MAIN STREET			City WEST WARWICK		State RI						
			Zip 02893								
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island									
5. State of Incorporation RI		LAUNDRY									
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
President Name ANTHONY RAY, JR.			Vice-President Name JOAN Y RAY								
Street Address 18 CONANICUS RD			Street Address 45 SPENCER STREET								
City NARRAGANSETT	State RI	Zip 02882	City WEST WARWICK	State RI	Zip 02893						
Secretary Name			Treasurer Name ANTHONY RAY, JR.								
Street Address			Street Address 18 CONANICUS RD								
City	State	Zip	City NARRAGANSETT	State RI	Zip 02882						
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									
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>									
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td></td> <td>0</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500		0
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
500		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 Anthony Ray Jr.					Date 10/16/24						
Signature of Authorized Representative ANTHONY RAY JR											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY ETOPO

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FORM 630 - Revised: 12/2023