State of Rhode Island "- Department of State - Business Services Division Annual Report for the year: 2024 Corporation							REC'D RIDOS 1													
											→ Filing period: February 1 - May 1						BSD ::27:25			
											Fillng Fee: \$50.00	:: : : : : : : : : : : : : : : : : : :								
→ Penalty: Additional \$25.00	fee if form is not filed	d by l	May 31.				ی													
1. Entity ID Number							-													
000017970							State	•												
Principal Office Address				City	1 '			Zip												
1015 MAIN STRET				WEST WARWICK			RI	02893												
4. NAICS Code	6. Brief descrip	tion (of the character of b	usiness conduc	cted in Rhode Island															
812320	-																			
5. State of Incorporation																				
RI	LAUNDRY	•	<u> </u>																	
7. List ALL officers (names and addresses)				Check the box to indicate an attachment I																
President Name				Vice-President Name																
ANTHONY RAY, JR.				JOAN Y RAY																
Street Address				Street Address																
18 CONANICUS R	₹D			45 SI	PENCER STR	EET														
City	State	Zŋ		City		State	1:	Zip												
NARRAGANSETT	RI	(02882		WARWICK	RI_		02893												
Secretary Name				Treasurer ANTH(R.														
Street Address				Street Address 18 CONANICUS RD																
City	State Z		p	City	State RAGANSETT RI		-	Zip												
				NARR/			02882													
8. List ALL directors (names a	and addresses)					heck the box	cto indica	te an attachment	<u> </u>											
Director Name				Director Na	ame															
Street Address				Street Add	fress															
City	State	Zi	p	City		State		Zip												
Director Name				Director Name																
Street Address				Street Add	Iress	<u></u>	=													
City	State	Zi	p	City		State		Zip												
9. Shares Authorized	Shares Authorized		10 Shares Issued		(heck the box	c to indica	ndicate an attachment												
This Information Is currently of record in the			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE													
Department of State. Changes require an additional filling.			500				0													
	<u>_</u>		L		L															
 This report must be execu- ceiver or trustee, this report m 	nust be executed on	beha	If of the corporation	by the receiver	r or trustee.															
Under penalty of perjury statements, and that all s					oort, including an	у ассотра	nying s	cnedules and												
Name of Authorized Represer	ntative Cunt	h٥	my Ray	An.			Date ပြ	16 24												
Signature of Authorized Repre	esentative		7	U				1												

MAIL TO:

Division of Business Services

Signature of Authorized Representative ANTHONY RAY JR

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

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

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FORM 630 - Revised: 12/2023