



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

FILED

JAN 30 2025

BY 3220 02

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000037964</u>		2. Exact name of the Corporation <u>East WINDS Dry Cleaners, Inc.</u>	
3. Principal Office Address <u>5 Blackmore Street</u>		City <u>East Greenwich</u>	State <u>RI</u>
		Zip <u>02818</u>	
4. NAICS Code <u>812320</u>	6. Brief description of the character of business conducted in Rhode Island <u>Dry Cleaning, multilocation enterprise</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Catherine Murphy</u>		Vice-President Name <u>Joan L. Rouleau</u>	
Street Address <u>4 Duane Street</u>		Street Address <u>5 Blackmore St</u>	
City <u>East Greenwich</u>	State <u>RI</u>	City <u>East Greenwich</u>	State <u>RI</u>
Zip <u>02818</u>		Zip <u>02818</u>	
Secretary Name <u>Catherine Murphy</u>		Treasurer Name <u>Catherine Murphy</u>	
Street Address <u>4 Duane St</u>		Street Address <u>4 Duane Street</u>	
City <u>East Greenwich</u>	State <u>RI</u>	City <u>East Greenwich</u>	State <u>RI</u>
Zip <u>02818</u>		Zip <u>02818</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Joan L. Rouleau</u>		Director Name <u>Catherine Murphy</u>	
Street Address <u>5 Blackmore St</u>		Street Address <u>4 Duane Street</u>	
City <u>East Greenwich</u>	State <u>RI</u>	City <u>East Greenwich</u>	State <u>RI</u>
Zip <u>02818</u>		Zip <u>02818</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>8000</u>	CLASS/SERIES <u>D</u>
		PAR VALUE <u>1.000</u>	
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 <u>Catherine Murphy</u>			Date <u>1-28-2025</u>
Signature of Authorized Representative <u>Cathy Murphy</u>			

MAIL TO:
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