State of Rhode Island
Department of State - Business Services Division

FILED
JAN 30 2025
BY 3220 02

Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation
000037964	East Winds Dry Cleaners, Inc.

3. Principal Office Address	City	State	Zip
5 Blackmore Street	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812320	Dry Cleaning, multi-location enterprise
5 State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Catherine Murphy	Joan L. Rouleau
Street Address: 4 Duane Street	Street Address: 5 Blackmore St
City: East Greenwich; State: RI; Zip: 02818	City: East Greenwich; State: RI; Zip: 02818
Secretary Name	**Treasurer Name**
Catherine Murphy	Catherine Murphy
Street Address: 4 Duane St	Street Address: 4 Duane Street
City: East Greenwich; State: RI; Zip: 02818	City: East Greenwich; State: RI; Zip: 02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Joan L. Rouleau	Catherine Murphy
Street Address: 5 Blackmore St	Street Address: 4 Duane Street
City: East Greenwich; State: RI; Zip: 02818	City: East Greenwich; State: RI; Zip: 02818
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	8000	—	1000

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	Date
Catherine Murphy	1-28-2025
Signature of Authorized Representative: Catherine Murphy	

MAIL TO:
Division of Business Services
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