RI SOS Filing Number: 202566652000 Date: 3/4/2025 4:00:00 PM

| State of Rhode Island Department of State - Business Services Division | | | | | FILED | | |
|--|---|---|----------------|---------------------|------------------------|-------------------------|--|
| Annual Report for the Corporation | Division | | MAR U 4 | MAR U 4 2025 D | | | |
| → Filing period: Fet → Filing Fee: \$50.0 | oruary 1 - May 1 00 al \$25.00 fee if form is no | ot filed by May 31. | | | BY | <u> </u> | |
| 1. Entity ID Number 000041594 | Exact nam | 2. Exact name of the Corporation Kingston Cleaners Inc | | | | | |
| 3. Principal Office Address 50 High Street | | | City Wake | field | State RI | Zip 02879 | |
| 4. NAICS Code 812320 5. State of Incorporation RI | Dry Clear | 6. Brief description of the character of business conducted in Rhode Island Dry Cleaning Services, Laundry Services | | | | | |
| 7. List ALL officers (nam | Check the box to indicate an attachment | | | | | | |
| President Name Larry I | Vice-President Name Phyllis Fish | | | | | | |
| Street Address 50 High | Street Address 50 High Street | | | | | | |
| ^{City} Wakefield | State RI | ^{Zip} 02879 | City Wakefield | | State RI | ^{Zip} 02879 | |
| Secretary Name | | | Treasurer | Name | | | |
| Street Address | Street Address | | | | | | |
| City | State | Zip | City | | State | Zip | |
| 8. List ALL directors (nai | mes and addresses) | | <u> </u> | Checl | k the box to indicate | an attachment | |
| Director Name | | | Director N | ame | | | |
| Street Address | Street Address | | | | | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | · · · · · · · · · · · · · · · · · · · | <u> </u> | Director N | ame | | | |
| Street Address | Street Address | | | | | | |
| City | State | Zip | City | | State | Zip | |
| 9. Shares Authorized | | 10. Shares Issu | ued | Chec | k the box to indicate | an attachment [| |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES 2000 | | CNP 0.00 | | PAR VALUE | |
| Changes require an additional filing. | | | | | | | |
| ceiver or trustee, this re Under penalty of perju statements, and that a | executed on behalf of the port must be executed on ry, I declare and affirm to the statements contained | behalf of the corpor hat I have examine | ration by the | receiver or trustee | e. accompanying sch | | |
| Name of Authorized Per | recentative. | | | | Date | | |

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.n.gov

Phyllis Fish

2/15/25