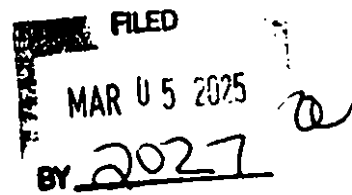


State of Rhode Island  
Department of State - Business Services Division

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 000129238		2. Exact name of the Corporation J H GREWAL INC			
3. Principal Office Address 1557 PLAINFIELD PIKE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 812310		6. Brief description of the character of business conducted in Rhode Island LAUNDROMAT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JASBIR SINGH			Vice-President Name JASBIR SINGH		
Street Address 12 K - MARIE DRIVE			Street Address 12 K - MARIE DRIVE		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Secretary Name JASBIR SINGH			Treasurer Name JASBIR SINGH		
Street Address 12 K - MARIE DRIVE			Street Address 12 K - MARIE DRIVE		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JASEIR SINGH			Director Name		
Street Address 12 K - MARIE DRIVE			Street Address		
City ATTLEBORO	State MA	Zip 02703	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. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		100		CNP	
				PAR VALUE 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 ✓ Jasbir Singh					Date 2/26/25
Signature of Authorized Representative JASBIR SINGH					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov