



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.

FILED
MAR 05 2025
BY 1886 a

1. Entity ID Number <u>537</u>		2. Exact name of the Corporation <u>AIRWAY CLEANERS INC.</u>	
3. Principal Office Address <u>ONE FRANKLIN SQUARE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
4. NAICS Code <u>812310</u>		5. Brief description of the character of business conducted in Rhode Island <u>Dry Cleaning Business</u>	
6. State of Incorporation <u>RHODE ISLAND</u>		7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment	
President Name <u>GERARD DISANTO</u>		Vice-President Name <u>GERARD DISANTO</u>	
Street Address <u>ONE FRANKLIN SQUARE</u>		Street Address <u>ONE FRANKLIN SQUARE</u>	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02903</u>	
Secretary Name <u>GERARD DISANTO</u>		Treasurer Name <u>GERARD DISANTO</u>	
Street Address <u>ONE FRANKLIN SQUARE</u>		Street Address <u>ONE FRANKLIN SQUARE</u>	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02903</u>	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>GERARD DISANTO</u>		Director Name	
Street Address <u>729 CENTRAL AVE</u>		Street Address	
City <u>JOHNSON</u>	State <u>RI</u>	City	State
Zip <u>0290</u>		Zip	
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 <input type="checkbox"/> Check the box to indicate an attachment	
		NUMBER OF SHARES <u>500</u>	CLASS/SERIES <u>Common</u>
			PAR VALUE <u>NO PAR VALUE</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>GERARD DISANTO</u>			Date <u>2/17/2025</u>
Signature of Authorized Representative <u>GERARD DISANTO</u>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov