RI SOS Filing Number: 202567228880 Date: 3/13/2025 4:00:00 PM



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

RECEIVED SECRETARY OF SEC SURPORATION	STAMP
2025 MAR 13 PM 2: 2	26

→ Penalty: Additional \$25.00	fee if form is no	t filed by May 31.							
Entity ID Number	2. Exact name	2. Exact name of the Corporation							
000088065	Edgewood Laundry, Inc.								
3. Principal Office Address 1980 Broad Street			City Cranst	on	State RI		Zip 02905		
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island							
812320	Retail and wholesale laundering, dry cleaning, and renovating wearing								
5. State of Incorporation Rhode Island	apparel.								
7. List ALL officers (names and a	ddresses)		le a		e box to indi	cate an att	achment 🔲		
President Name Darren Renzi			Vice-President Name Derek Renzi						
Street Address 281 Chestnut Street			Street Address 1980 Board Street						
^{City} Warwick	State RI	^{Zip} 02888	^{City} Cranston		State	RI	^{Zip} 02905		
Secretary Name Darren Renzi	retary Name Darren Renzi			Treasurer Name Derek Renzi					
Street Address 281 Chestnut Street			Street Address 1980 Board Street						
^{City} Warwick	State RI	^{Zıp} 02888	City Cranston		State	RI	^{Zip} 02905		
8. List ALL directors (names and	addresses)		Te:		e box to indi	cate an at	tachment 🔲		
Director Name			Director Na	ame					
Street Address		Street Address							
City	State	Zip	City		State		Zip		
Director Name			Director Na	Director Name					
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized		10. Shares Issu	ued Check th		he box to inc	e box to indicate an attachment			
This information is currently of record in the NUMBER O		SHARES				PAR VALUE			
Department of State. Changes require an additional filing.		100		Common		No Par			
Changes reduce an additional trui	' U '	1							
11. This report must be executed	on behalf of the	corporation by an a	uthorized rep	presentative. If the c	orporation is	in the han	ids of a re-		
ceiver or trustee, this report mus Under penalty of perjury, I dec	lare and affirm t	that i have examin	ed this repo	receiver or trustee. rt, including any ac	companyin	g schedul	es and		
statements, and that all statem Name of Authorized Representa		nere <u>in are true an</u>	a correct.		Date				
Darren Renzi					31	8/25			
Signature of Authorized Represe	entative			FILED					
1 Janes Rose	~ ·								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630- Revised: 12/2023