



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATION  
STAMP

2025 MAR 13 PM 2: 26

1. Entity ID Number 000088065		2. Exact name of the Corporation Edgewood Laundry, Inc.			
3. Principal Office Address 1980 Broad Street		City Cranston		State RI	Zip 02905
4. NAICS Code 812320	6. Brief description of the character of business conducted in Rhode Island Retail and wholesale laundering, dry cleaning, and renovating wearing apparel.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			Treasurer 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
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			NUMBER OF SHARES		
			CLASS/SERIES		
This information is currently of record in the Department of State.  Changes require an additional filing.			100		Common
			No Par		
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. <b>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.</b>					
Name of Authorized Representative Darren Renzi					Date 3/8/25
Signature of Authorized Representative <i>Darren Renzi</i>					FILED

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

MAR 13 2025

BY *Dy NJV*

FORM 630- Revised: 12/2023