RI SOS Filing Number: 202568947320 Date: 4/2/2025 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division					FILEU		
Annual Report for the	APR <b>0 2</b> 2025 BY 1385 Ø						
Annual Report for the year:  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 000046147	2. Exact name	e of the Corporation			<del>_</del>		
3. Principal Office Address	J.J. 8 CR	eansers, Inc.	City		State	Zip	
155 Market Street			Warren		RI	02885	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island					
812320 5. State of Incorporation Rhode Island	Dry clean	Dry cleaning services					
7. List ALL officers (names an	d addresses)				k the box to	indicate an attachment	
President Name John J. Sh	Vice-President Name Raymond G. Poulin						
Street Address 2 Matthew Drive			Street Address 418 New River Road				
<sup>City</sup> Warren	State RI	<sup>Zip</sup> 02885	City Lincoln		State R	<sup>Zip</sup> 02838	
Secretary Name Christine P	Treasurer Name Pauline Sheridan						
Street Address 418 New River Road			Street Address 2 Matthew Drive				
<sup>City</sup> Lincoln	State RI	<sup>Zip</sup> 02838	City Warren		State R	<sup>Zip</sup> 02885	
8. List ALL directors (names a		Chec	k the box to	indicate an attachment			
Director Name John J. She	eridan		Director Name				
Street Address 2 Matthew I	Street Address	<del></del>					
<sup>City</sup> Warren	State RI	<sup>Zip</sup> 02838	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address		<u></u>		
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu				indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	CNP		\$0.0000	
11. This report must be executurestee, this report must be ex					oration is in	the hands of a receiver or	
Under penalty of perjury, I de	leclare and affirm t	hat I have examine	ed this report, inclu	ding any acco	mpanying s	schedules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
John J. Sheridan		<del></del>					
Signature of Authorized Rapre	esent live					3/19/25	
MAII TO!							

MAIL TO: Division of Edsiness Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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