



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

APR 02 2025

BY 13850

→ 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 of the Corporation J.J.'s Cleansers, Inc.			
3. Principal Office Address 155 Market Street		City Warren	State RI	Zip 02885	
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island Dry cleaning services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John J. Sheridan			Vice-President Name Raymond G. Poulin		
Street Address 2 Matthew Drive			Street Address 418 New River Road		
City Warren	State RI	Zip 02885	City Lincoln	State RI	Zip 02838
Secretary Name Christine P. Poulin			Treasurer Name Pauline Sheridan		
Street Address 418 New River Road			Street Address 2 Matthew Drive		
City Lincoln	State RI	Zip 02838	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John J. Sheridan			Director Name [REDACTED]		
Street Address 2 Matthew Drive			Street Address [REDACTED]		
City Warren	State RI	Zip 02838	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Director Name [REDACTED]			Director Name [REDACTED]		
Street Address [REDACTED]			Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		500	CNP	\$0.0000	
		[REDACTED]	[REDACTED]	[REDACTED]	
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 John J. Sheridan				Date 3/19/25	
Signature of Authorized Representative 					