



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  
APR 24 2025  
BY 1405

1. Entity ID Number <b>1673600</b>		2. Exact name of the Corporation <b>MINERAL SPRING LAUNDROMAT, INC.</b>	
3. Principal Office Address <b>346 ARMISTICE BLVD</b>		City <b>PAWTUCKET</b>	State <b>RI</b>
		Zip <b>02861</b>	
4. NAICS Code <b>812310</b>	6. Brief description of the character of business conducted in Rhode Island <b>COIN OPERATED LAUNDROMAT - WASH &amp; DRY</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>NAWEE HENG</b>		Vice-President Name <b>NAWEE HENG</b>	
Street Address <b>194 BURNSIDE AVE</b>		Street Address <b>SAME</b>	
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	
Secretary Name <b>NAWEE HENG</b>		Treasurer Name <b>NAWEE HENG</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	Zip	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		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 <b>NAWEE HENG, PRESIDENT</b>		Date <b>04-20-25</b>	
Signature of Authorized Representative 			

MAIL TO:  
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