RI SOS Filing Number: 202576158950 Date: 6/20/2025 9:41:00 AM

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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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	2. Exact name of the Corporation			
001665172	MIDWAY LAUNDRY INC			
3. Principal Office Address		City	State	Zip
577 ROCKY HILL ROAD		NORTH SCITUATE	RI	02857
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
721500	LAUNDROMAT			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name EDWARD A BROWNING			Vice-President Name CHERYL BROWNING		
Street Address 577 ROCKY HILL ROAD			Street Address 577 ROCKY HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name EDWARD A BROWNING			Treasurer Name CHERYL BROWNING		
Street Address 577 ROCKY HILL ROAD			Street Address 577 ROCKY HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name EDWARD A BROWNING			Director Name CHERYL BROWNING		
Street Address 577 ROCKY HILL ROAD			Street Address 577 ROCKY HILL ROAD		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON NO PAR	0

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: EDWARD A BROWNING

Date: 06/10/2025

Signature of Authorized Representative: Edward Browning

FILED
JUN 20 2025
BY

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