



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
25 JUN 20 AM 9:37:53

STAMP

1. Entity ID Number 001665172		2. Exact name of the Corporation MIDWAY LAUNDRY INC			
3. Principal Office Address 577 ROCKY HILL ROAD		City NORTH SCITUATE		State RI	Zip 02857
4. NAICS Code 721500		6. Brief description of the character of business conducted in Rhode Island LAUNDROMAT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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					
10. Shares Issued 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.			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 				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

FORM 630 - Revised 12/2023