



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.

REC'D RIDOS BSD
25 JUN 30 4:48:44
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1. Entry ID Number <u>001780192</u>		2. Exact name of the Corporation <u>STANWOOD Laundry Inc</u>			
3. Principal Office Address <u>196 Stanwood ST</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
4. NAICS Code <u>453991</u>		6. Brief description of the character of business conducted in Rhode Island <u>Laundry & Accessories.</u>			
5. State of Incorporation <u>R.I</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Felix Ortiz Colon</u>			Vice President Name <u>Felix Ortiz Colon</u>		
Street Address <u>39 Weeks ST</u>			Street Address <u>39 Weeks ST</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			<u>500</u>		
			<u>STK</u>		
			<u>.0100</u>		
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 <u>Felix Ortiz Colon</u>					Date <u>6/30/25</u>
Signature of Authorized Representative <u>Felix Ortiz Colon</u>					

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

JUN 30 2025

BY DR JB

FORM 630 Revised 12/2023