



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>294182</u>		2. Exact name of the Corporation BELLEVUE CLEANERS & LAUNDRY INC.				
3. Principal office address 272 BELLEVUE AVE			City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401-847-5972			5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island LAUNDROMAT						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name ARLENE GROSS			Vice-President Name LEONARD GROSS			
Street Address 46 CHASTELLUX AVE #10			Street Address 46 CHASTELLUX #10			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840	
Secretary Name ARLENE GROSS			Treasurer Name LEONARD GROSS			
Street Address 46 CHASTELLUX AVE #10			Street Address 46 CHASTELLUX AVE #10			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name ARLENE GROSS			Director Name LEONARD GROSS			
Street Address 46 CHASTELLUX AVE #10			Street Address 46 CHASTELLUX AVE #10			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840	
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				200	COMMON	NO PAR
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						

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.

Arlene Gross 2/24/15
 Signature of Authorized Representative Date
 Arlene Gross
 Print or Type Name of Authorized Representative

FILED

FEB 27 2015

BY 3561

File Date _____
 Check No _____
 By: _____
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