	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
Limited Liabili Annual Repor Filing Period: Febr	t	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2022		
1. ID No. <u>000294683</u>		
2. Exact Name of the Limited Liability Company <u>SPIN CITY CUMBERLAND, LLC</u>		
3. State of Formation		
State: <u>RI</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>812310</u>		
4. Brief Descript	tion of the Character of the Business Which is Actually Conducted in Rho	de Island
LAUNDROMA	<u>T</u>	
5. Principal Offic	ce Address	
No. and Street: City or Town:	<u>3400 MENDON RD.</u> <u>CUMBERLAND</u> State: <u>RI</u> Zip: <u>02864</u> Country	: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: No. and Street:	THANOMSEE MAURER Contact Title: OWNER   3400 MENDON RD. OUMBERLAND   State: RI Zip: 02864	/ 110 A
City or Town: <u>CUMBERLAND</u> State: <u>RI</u> Zip: <u>02864</u> Country: <u>USA</u> 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
THANOMSEE MAURER 3400 MENDON ROAD, UNIT B CUMBERLAND, RI 02864		
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).		

**Signed this 3 Day of February, 2022 at 8:05:36 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By THANOMSEE MAURER

Signature of Authorized Person

Form No. 632 Revised 09/07

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