RI SOS Filing Number: 202213151630 Date: 3/16/2022 4:00:00 PM

State of Rhode Island Department of S	tate - Busin	ess Services D	ivision				
Annual Report for the year: 2022 Corporation			_	TA TA TA			
→ Filing period: February 1 - May 1			MAR 1 6 2022				
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 				5		2/1/2	
				<u>B</u>	Υ	15 K	
1. Entity ID Number		2. Exact name of the Corporation AKIM'S TAILORING AND DRY CLEANING, INC.					
001700663	AKIMS	TAILORING	AND DRY	CLEANING, I	NC.		
3. Principal Office Address			City		State	Zip	
3 Commerce Street			Greenville	•	RI	02828	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
812320	All busine	All business related to tailoring and dry cleaning					
5. State of Incorporation				,			
Rhode Island							
7. List ALL officers (names and a	odresses)			Check the	ne box to it	ndicate an attachment 🔲	
President Name Akim Demirgioglu			Vice-President Name				
Street Address 3 Commerce Street			Street Address				
^{City} Greenville	State RI	^{Zip} 02828	City		State	Zip	
Secretary Name			Treasurer Name Akim Demirgioglu				
Street Address			Street Address SAME				
City	State	Zip	City	<u> </u>	State	Zip	
8. List ALL directors (names and	addresses)			Check t	he box to i	ndicate an attachment 🔲	
Director Name			Director Name				
Street Address							
Sileet 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 Issu	ed	Check t	l he box to i	ndicate an attachment	
This information is currently of re	cord in the	NUMBER OF		CLASS/SERIES		PAR VALUE	
Department of State.		0		Common		\$1.00	
Changes require an additional filling.							
11. This report must be executed	on behalf of the	corporation by an au	uthorized repres	entative. If the corpor	ation is in t	I the hands of a receiver or	
trustee, this report must be exec	uted on behalf of	f the corporation by the	ne receiver or tro	ustee.			
Under penalty of perjury, I dec statements, and that all staten	lare and affirm	that I have examine	d this report, ir Learrest	ncluding any accomp	panying s	chedules and	
Name of Authorized Representa	tive	norem are mue and	COTTECL.		Date		
Akim Demirgioglu						12-22	
Signature of Authorized Represe	entative					<u> </u>	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov