



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

FILED

STAMP
 MAY 03 2022

BY *lca* FOR 1196

Annual Report for the year: **2022**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000016251		2. Exact name of the Corporation Washers, Inc.				
3. Principal Office Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island Laundry Service				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Kelly M. Coates			Vice-President Name Sheryl Carpiolato			
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919	
Secretary Name Angelo Marocco, Esq.			Treasurer Name Gary Famiglietti			
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue			
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919	
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	
		100		Common	No Par Value	
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 Kelly M. Coates					Date 4/27/22	
Signature of Authorized Representative <i>Kelly M. Coates</i>					Stamp: DISCUSS HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov