



Department of State - Business Services Division

STAMP

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 BUS SVCS DIV
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2023 FEB 10 P 1:34

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 Kelly M. Coates	
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 OF SHARES	
		100	Comon
			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 Coates		Date 2/10/2023	
Signature of Authorized Representative <i>Kelly M. Coates</i>		FILED 1/30/2023 FEB 10 2023 BY 10 XTSY	