RI SOS Filing Number: 202450316290 Date: 4/5/2024 4:00:00 PM

| Department of State - Business Services Division   |  |   |  |                    | FILED            |                             |
|--|--|---|--|--------------------|------------------|-----------------------------|
| nnual Report for the year: 2024  orporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.   |  |   |  |                    | APR 05 2024      |                             |
|  |  |   |  |                    | BY               | 2845                        |
| Penalty: Additional \$25.  Intity ID Number  |  | of the Corporation  | <u> </u>   |                    |                  | ٤                           |
| 01700663   |  | ailoring and l  | Dry Clear  | ing, Inc.          |                  |                             |
| Principal Office Address   |  |   | City   |                    | State            | Zip                         |
| Commerce Street  |  |   | Greenvil   |                    | RI               | 02829                       |
| NAICS Code   |  |   |  | conducted in Rhode | Island           |                             |
| 12320  | All busines  | ss related to ta  | iloring and  | dry cleaning       |                  |                             |
| State of Incorporation   |  |   |  |                    |                  |                             |
| hode Island  |  |   |  | 01 1 11            |                  | an attachment               |
| List ALL officers (names and addresses)  |  |   | Check the box to indicate an attachment C<br>Vice-President Name |                    |                  |                             |
| Akim Demi  |  |   |  |                    |                  |                             |
| eet Address 3 Commerc  | e Street   |   | Street Addre   | \$\$               |                  |                             |
|  | State  | Zip   | City   |                    | State            | Zıp                         |
| Greenville   | State RI   | 02828   |  |                    |                  |                             |
| cretary Name SAME  |  | Treasurer Name SAME   |  |                    |                  |                             |
| reet Address   |  |   | Street Addre   | ss                 |                  |                             |
| ty   | State  | Zip   | City   |                    | State            | Zip                         |
|  |  |   |  | 0                  |                  | on attachment               |
| List ALL directors (names a<br>irector Name  | and addresses)   | <del></del>   | Director Na  |                    | pox to morcate   | an attachment               |
|  |  |   |  |                    |                  | <del></del> -               |
| treet Address  |  |   | Street Addre   | ess                |                  |                             |
|  |  | Zip   | City   |                    | State            | Zip                         |
| ity  | State  | h '   | Director Name  |                    |                  |                             |
| ·  | State  |   | Director Na  |                    | 1                | <u>_</u>                    |
| ity<br>irector Name  | State  |   | Director Na  | me:                |                  |                             |
| ·  | State  |   | Director Na  |                    | 1                |                             |
| irector Name<br>treet Address  | State  | Zıp   |  |                    | State            | Ζιρ                         |
| irector Name   |  | Zip   | Street Addr  | ess                |                  |                             |
| cirector Name Cirect Address City  C. Shares Authorized  | State  | Zip<br>10. Shares Is  | Street Addr  | ess                | ie box to indica | te an attachmer             |
| irector Name<br>itreet Address   | State  | Zip<br>10. Shares Is  | Street Addr<br>City  | Check th           | ne box to indica | te an attachmer             |
| irector Name ireet Address ity  Shares Authorized This information is currently  | State of record in the   | Zip<br>10. Shares Is  | Street Addr<br>City  | ess<br>Check th    | ne box to indica | te an attachmer             |
| cirector Name  Cirect Address  City  Chares Authorized  Charing an additional  | State of record in the   | Zip  10. Shares Is  NUMBER O  | City Sued  | Check the CLASSISI | ne box to indica | te an attachmer<br>PAR VALU |
| cirector Name  Citreet Address  City  Chares Authorized  Chares Chares Authorized  Chares Chares Authorized  Chares Chares Chares Chares  Chares Chares Chares Chares  Chares Chares Chares  Chares Chares Chares  Chares Chares Chares  Chares Chares Chares  Chares Chares Chares  Chares Chares Chares  Chares Chares Chares  Chares Chares Chares  Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chares Chares  Chare | State of record in the al filing. cuted on behalf of the   | Zip  10. Shares Is  NUMBER  0  e corporation by an n behalf of the corp                   | City Sued SHARES authorized reporation by the                    | Check the CLASSISI | se box to indica | the hands of a r            |
| Director Name  Department of State.  Changes require an additional properties of trustee, this report Under penalty of perjury, in the state of the | State of record in the al filling. cuted on behalf of the must be executed of ideclare and affirm                    | Zip  10. Shares is  NUMBER O  e corporation by an n behalf of the corp  that I have exami | City  Sued STRAKES  authorized reporation by the ned this report | Check the CLASSISI | se box to indica | the hands of a r            |
| Director Name  Department of State.  Changes require an additional properties of trustee this report Under penalty of perjury, istatements, and that all st   | State of record in the al filling. cuted on behalf of the must be executed of ideclare and affirm tatements containe | Zip  10. Shares is  NUMBER O  e corporation by an n behalf of the corp  that I have exami | City  Sued STRAKES  authorized reporation by the ned this report | Check the CLASSISI | se box to indica | the hands of a r            |
| Director Name  Department of State.  Changes require an additional properties of trustee, this report Under penalty of perjury, in the state of the | State of record in the al filling. cuted on behalf of the must be executed of ideclare and affirm tatements containe | Zip  10. Shares is  NUMBER O  e corporation by an n behalf of the corp  that I have exami | City  Sued STRAKES  authorized reporation by the ned this report | Check the CLASSISI | prporation is in | the hands of a r            |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov