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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
1169	APPLE VALLEY CAR WASH, INC.		
3. Street Address Principal Business Office	City	State	Zip
CEDAR SWAMP ROAD	SMITHFIELD	RI	02917
4. Business Phone No.	5. State of Incorporation		
401-231-5128	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ACQUIRE LANDS AND INTEREST IN LANDS; OWN, APPROVE AND DEVELOP REAL ESTATE FOR CAR WASH.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
RUTH MANSI			JEFFREY MANSI		
Street Address			Street Address		
14 MAPLECREST DRIVE			14 MAPLECREST DRIVE		
City	State	Zip	City	State	Zip
GREENVILLE	RI	02828	GREENVILLE	RI	02828
Secretary Name			**Treasurer Name**		
JEFFREY MANSI			RUTH MANSI		
Street Address			Street Address		
14 MAPLECREST DRIVE			14 MAPLECREST DRIVE		
City	State	Zip	City	State	Zip
GREENVILLE	RI	02828	GREENVILLE	RI	02828

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
NONE					
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 ("X" BOX FOR ATTACHMENT) ☐ — **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR VALUE	100	COMMON	NO PAR VALUE
			THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

Ruth Mansi 1/27/08
Signature *Date*

RUTH MANSI
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 01 2008
By: By 9415
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Form 630 Rev. 12/06