



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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. 39992
2. Name of Corporation Lincoln Coin-Op Car Wash, Inc.

3. Street Address Principal Business Office 6 COOK STREET
City LINCOLN State RI Zip 02865

4. Business Phone No. 4017231919
5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
CAR WASH

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

President Name ERROL BEQUIR			Vice President Name KEVIN BEQUIR		
Street Address 1744 LONSDALE AVENUE			Street Address 1744 LONSDALE AVENUE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name KEVIN BEQUIR			Treasurer Name ERROL BEQUIR		
Street Address 1744 LONSDALE AVENUE			Street Address 1744 LONSDALE AVENUE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865

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

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 ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
300	NO PAR VALUE	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
300	COMMON	NO PAR

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.



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FILED

*39992 DBC 01/02/07 03:47:25 PM

File Date FEB 18 2010

Check No.

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/15/10
Signature of Officer Date

KEVIN BEQUIR

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer