



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |  |                    |                     |
|--|--------------------|--|--|--------------------|---------------------|
| 1. Entity ID No.<br><b>92956</b>   |                    | 2. Exact name of the Corporation<br><b>HOGWASH, INC.</b> |  |                    |                     |
| 3. Principal office address<br><b>140 MEDWAY STREET</b>  |                    |  | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02906</b> |
| 4. Business Phone No.<br><b>401-272-2520</b>   |                    |  | 5. State of Incorporation<br><b>RHODE ISLAND</b>                           |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>TO ENGAGE IN THE BUSINESS OF OPERATING A LAUNDROMAT</b>                  |                    |  |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |  |                    |                     |
| President Name<br><b>DANIEL HODNETT</b>  |                    |  | Vice-President Name<br><b>ROBERT A. MEGA</b>                               |                    |                     |
| Street Address<br><b>137 DORR AVENUE</b>   |                    |  | Street Address<br><b>300 WAMPANOAG TRAIL</b>                               |                    |                     |
| City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02915</b>                                      | City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02915</b> |
| Secretary Name<br><b>ROBERT A. MEGA</b>  |                    |  | Treasurer Name<br><b>DIANE HODNETT</b>                                     |                    |                     |
| Street Address<br><b>300 WAMPANOAG</b>   |                    |  | Street Address<br><b>137 DORR AVENUE</b>                                   |                    |                     |
| City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02915</b>                                      | City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02915</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |  |  |                    |                     |
| 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                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                    |  | NUMBER OF SHARES   | CLASS/SERIES       | PAR VALUE           |
|  |                    |  | 200  | COMMON             | NO PAR VALUE        |
|  |                    |  |  |                    |                     |

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.

**FILED**

FEB 08 2013

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File Date

Check No

By

BY

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.

*Robert A. MEGA*

Signature of Authorized Representative

Date

**ROBERT A. MEGA**

Print or Type Name of Authorized Representative

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