

## 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 \_

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 F

1. Entity ID No.	2. Exact i	name of the Corporation			MALIT FEE,		
92723	CENT	CENTRAL CAR WASH, INC.					
8. Principal office address 587 Central Avenue			City Pawtucket	State RI	Zip 02861		
. Business Phone No. 401-725-0400			5. State of Incorporation Rhode Island				
Brief description of the To engage in the b	character of busine Dusiness of ca	ss conducted in Rhode Isl r washing and clean	and				
USTAULOFFICERS	(NAMES AND ADD	RESSES) ("X" BOX FOR	AUTACHMENTS		nifigurus and a second and the		
Andreas Andreopoulos			Vice-President Name Marie Andreopoulos				
Street Address 41 High Gate Road  Dity State Zip			Street Address 41 High Gate Road				
Cranston	State RI	Zip <b>02920</b>	City Cranston	State RI	Zip 02920		
ecretary Name Andreas Andreopoulos			Treasurer Name Marie Andreopoulos				
treet Address 41 High Gate Road			Street Address 41 High Gate Road				
ty Cranston	State RI	Zip <b>02920</b>	City Cranston	State RI	Zip <b>02920</b>		
LIST ALL DIRECTORS	(NAMES AND AD	DRESSES) ("X" BOX FOI	ATTACHMENT	The second second second	<del>-</del>		
Andreas Andreopoulos			Director Name None				
eet Address 1 High Gate Road			Street Address				
ranston	State RI	Zip <b>02920</b>	City	State	Zip		
ector Name one		Director Name None					
reet Address		Street Address					
	State	Zip	City	State	Zip		
HARES AUTHORIZED	1		10 SHARES ISSUED	WASAN FOR AN AND			
		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE					
i information is current tate. Changes require : Section 9 of instructio	is currently of record in the Office of the Secretary require an additional filing. nstruction sheet.		100	Common	No Par Value		
	ed on behalf of the this report mus	corporation by an authorize t be executed on behalf of	are corporation by the rec	ceiver or trustee.			
a Date			under penalty of per	jury, I declare and affir	m that I have examined		

File Date	FILED	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 of Authorized Representative	2-18-13 Date	
FOR SECRETARY OF STATE USE ONLY	ا د 🖰 استما	Andreas Andreopoulos	Date	
Form No. 630		Print or Type Name of Authorized Representative		

Revised: 01/2012