

1, Entity ID No. 14846

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

2. Exact name of the Corporation

Kelly's Car Wash, inc.

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.

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3. Principal office address 200 Charles Street			City Providence	State RI	Zip 02904
4. Business Phone No. 401-831-9199			5. State of Incorporation Rhode Island		
3. Brief description of the cha	racter of business	conducted in Rhode Island	1		
Service station and c	ar wash.				
De Jan Tay yet wild Street				Markina Jeraka Lilianak	
LIST ALL OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FOR A	Vice-President Name	And a series of the series of	
Michael E. Kelly			Michael E. Kelly		
Street Address 200 Charles Street			Street Address 200 Charles Street		
city Providence	State RI	Zip 02904	City Providence,	State RI	Zip 02904
Secretary Name Michael E. Kelly			Treasurer Name Michael E. Kelly		
Street Address 200 Charles Street			Street Address 200 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
B. LIST <u>ALL</u> DIRECTORS (N	AMES AND ADD	RESSES) ("X" BOX FOR		进程 建非人种混合	Elektrika Berliner Fil
Director Name Michael E. Kelly			Director Name		
Street Address 200 Charles Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
· <i>y</i>					
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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
			121	Common	No par value
This report must be executed	d on behalf of the	corporation by an authorize st be executed on behalf of	t ed representative. If the the corporation by the	corporation is in the hand receiver or trustee.	s of a receiver or trustee,
File Date Check No		FILED	Under penalty of p this report, includi and that all statem	erjury, I declare and affi	rm that I have examined chedules and statement re true and correct.
Ву:	2011年1月日 - 李四縣 1月 2011年2月 - 李四縣 1月	MAR 3 7 20	Signature of Author	rized Representative	Date
· 自己,在一直的心理的。		4)/_7	Michael E. Ke	·	V
FOR SECRETARY OF STA	I E USE ONLY	- /dV)/		of Authorized Represent	ativa

Form No. 630 Revised: 01/2012