



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 2014

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. 40537		2. Exact name of the Corporation Autowash Supply Co., Inc.			
3. Principal office address 20 Cooper Street			City North Providence	State RI	Zip 02904
4. Business Phone No. 401-228-6148			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Sale of wholesale and retail vehicle cleaning equipment of every kind and the sale of vehicle cleaning products and installation					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David K. Bruno			Vice-President Name David K. Bruno		
Street Address 20 Cooper Street			Street Address 20 Cooper Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name David K. Bruno			Treasurer Name David K. Bruno		
Street Address 20 Cooper Street			Street Address 20 Cooper Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David K. Bruno			Director Name		
Street Address 20 Cooper Street			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			540	common	none

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 07 2014
 BY 1067

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: David K. Bruno Date: 12/28/13
 Print or Type Name of Authorized Representative: DAVID K. BRUNO