



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. 101272		2. Exact name of the Corporation Post Road Car Wash, Inc.			
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		
6. Brief description of the character of business conducted in Rhode Island Operating a car wash, gasoline sales and convenience store.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael E. Kelly			Vice-President Name None		
Street Address 200 Charles Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Kathleen Kelly			Treasurer Name None		
Street Address 200 Charles Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael E. Kelly			Director Name Kathleen Kelly		
Street Address 200 Charles Street			Street Address 200 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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
			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
 File Date _____
 Check No. **FEB 18 2014**
 By: _____
 FOR SECRETARY OF STATE USE ONLY
 4836
 FMC

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.

Kathleen Kelly 2/10/14
 Signature of Authorized Representative Date
Kathleen Kelly
 Print or Type Name of Authorized Representative