



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. 14846		2. Exact name of the Corporation Kelly's 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 Service station and car wash.					
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
			121	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 18 2014

By 4837

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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.

Michael E. Kelly
Signature of Authorized Representative

2/10/14
Date

Michael E. Kelly

Print or Type Name of Authorized Representative