



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 2016

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. 19912		2. Exact name of the Corporation OLNEYVILLE AUTO WASH, INC.			
3. Principal office address 1880 Westminster Street		City Providence	State RI	Zip 02909	
4. Business Phone No. 401-621-7654		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Washing motor vehicles and related services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Constantinos Perdikakis			Vice-President Name Antonia Perdikakis		
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Antonia Perdikakis			Treasurer Name Constantinos Perdikakis		
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Constantinos Perdikakis			Director Name Antonia Perdikakis		
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. 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.					

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

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

Date

Constantinos Perdikakis

Print or Type Name of Authorized Representative

FILED

FEB 16 2016

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