



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 1169		2. Exact name of the Corporation APPLE VALLEY CAR WASH, INC.		
3. Principal office address 6 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 401-949-4761		5. State of Incorporation R. I.		
6. Brief description of the character of business conducted in Rhode Island CAR WASH - GAS STATION				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name RUTH E. MANSI		Vice-President Name JEFFREY MANSI		
Street Address 14 MAPLECREST DR.		Street Address 14 MAPLECREST DR.		
City GREENVILLE	State R. I.	Zip 02825	City GREENVILLE	State R. I.
Zip 02825				
Secretary Name RUTH E. MANSI		Treasurer Name JEFFREY MANSI		
Street Address 14 MAPLECREST DR.		Street Address 14 MAPLECREST DR.		
City GREENVILLE	State R. I.	Zip 02825	City GREENVILLE	State R. I.
Zip 02825				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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
		NONE	NONE	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

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.

Ruth E. Mansi 2/22/16
 Signature of Authorized Representative Date

RUTH E. MANSI
 Print or Type Name of Authorized Representative

FILED

FEB 29 2016

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