



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>101272</u>		2. Exact name of the Corporation <u>Post Road Car Wash</u>	
3. Principal Office Address <u>200 Charles Street</u>		City <u>Providence</u>	State <u>RI</u>
4. Business Phone Number <u>401-831-9199</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Operating a car wash, gasoline sales and convenience store</u>			
7. List ALL officers (names and addresses)			
President Name <u>Michael E Kelly</u>		Vice-President Name	
Street Address <u>200 Charles Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State <u>RI</u>
Zip <u>02904</u>		Zip	
Secretary Name <u>Kathleen Kelly</u>		Treasurer Name	
Street Address <u>200 Charles Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State <u>RI</u>
Zip <u>02904</u>		Zip	
8. List ALL directors (names and addresses)			
Director Name <u>Michael E. Kelly</u>		Director Name <u>Kathleen Kelly</u>	
Street Address <u>200 Charles Street</u>		Street Address <u>200 Charles Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES <u>200</u>	CL <u>Common</u>
		SS/SERIES	PAR VALUE <u>No par value</u>
11. 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.			
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.			
Name of Authorized Representative		Date	
Signature of Authorized Representative			
SIGN DOCUMENT HERE			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 630 - Revised: 06/2016