



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

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 61949		2. Exact name of the Corporation Ginger's Car Wash, Inc.			
3. Principal Office Address 110 Oak Street		City Westerly	State RI	Zip 02891	
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Operation of Car Wash and related services				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eugene J. Gencarelli, Jr.		Vice-President Name Jeannine M. Gencarelli/Brian Morrone, Exec. VP			
Street Address 110 Oak Street		Street Address 110 Oak Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jeannine M. Gencarelli		Treasurer Name Eugene J. Gencarelli, Jr.			
Street Address 110 Oak Street		Street Address 110 Oak Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eugene J. Gencarelli, Jr.		Director Name Jeannine M. Gencarelli			
Street Address 110 Oak Street		Street Address 110 Oak Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	No Par Value	
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 Eugene J. Gencarelli, Jr., President				Date 2/2/17	
Signature of Authorized Representative <i>Eugene J. Gencarelli, Jr.</i>					

FILED

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

FEB 10 2017

BY **28430**

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