



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 4895		2. Exact name of the Corporation COSANN AUTO WASH, INC.			
3. Principal Office Address 2209 Pawtucket Avenue		City East Providence	State RI	Zip 02914	
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Washing motor vehicles 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 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 Constantinos Perdikakis		Treasurer 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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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. <i>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.</i>					
Name of Authorized Representative Constantinos Perdikakis				Date 2-8-17	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

FEB 10 2017

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