



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 43563		2. Exact name of the Corporation WESTMINSTER SELF WASH, INC.			
3. Principal Office Address 1880 Westminster Street		City Providence		State RI	Zip 02909
4. NAICS Code 81 - Other Services (except Pul		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 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) 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		200		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 Constantinos Perdikakis				Date 2-8-17	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					
FEB 10 2017					
BY 17764					

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