



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 101272		2. Exact name of the Corporation Post Road Car Wash, Inc		
3. Principal Office Address 200 Charles St.		City Providence	State RI	Zip 02904
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island operating a car wash, gasoline sales and convenience store.			
5. State of Incorporation RI				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Michael E Kelly		Vice-President Name		
Street Address 200 Charles St.		Street Address		
City Providence	State RI	Zip 02904	City	State Zip
Secretary Name Kathleen Kelly		Treasurer Name		
Street Address 200 Charles St.		Street Address		
City Providence	State RI	Zip 02904	City	State Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Michael E. Kelly		Director Name Kathleen Kelly		
Street Address 200 Charles St.		Street Address 200 Charles St.		
City Providence	State RI	Zip 02904	City Providence	State RI
City Providence	State RI	Zip 02904	City Providence	State RI
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 200	CLASS/SERIES Common	PAR VALUE 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 KATHLEEN KELLY			Date March 11, 2017	
Signature of Authorized Representative <i>Kathleen Kelly</i>				

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

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 MAR 15 2017
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