



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	City	State
	Zip 02904		Zip
Secretary Name Kathleen Kelly		Treasurer Name	
Street Address 200 Charles St.		Street Address	
City Providence	State RI	City	State
	Zip 02904		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	City Providence	State RI
	Zip 02904		Zip 02904
Director Name Michael E. Kelly		Director Name Kathleen Kelly	
Street Address 200 Charles St.		Street Address 200 Charles St.	
City Providence	State RI	City Providence	State RI
	Zip 02904		Zip 02904
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 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 Kathleen Kelly		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

MAR 15 2017

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FORM 630 - Revised: 10/2016