



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 <b>14846</b>		2. Exact name of the Corporation <b>Kelly's Car Wash, Inc</b>			
3. Principal Office Address <b>200 Charles Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>44-45</b>		6. Brief description of the character of business conducted in Rhode Island <b>Service Station and Car Wash</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael E. Kelly</b>			Vice-President Name		
Street Address <b>200 Charles St.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>Kathleen Kelly</b>			Treasurer Name		
Street Address <b>200 Charles St.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael E. Kelly</b>			Director Name <b>Kathleen B. Kelly</b>		
Street Address <b>200 Charles St.</b>			Street Address <b>200 Charles Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>121</b>	<b>Commer</b>	<b>No par value</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>KATHLEEN KELLY</b>					Date <b>March 11, 2017</b>
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

SIGN DOCUMENT WITH  
**FILED**  
**MAR 15 2017**  
 BY 7280