



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FILE
 TO THE CLERK OF STATE
 USE ONLY

Annual Report for the year: 2018
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 000064140		2. Exact name of the Corporation Shine On Auto Wash, Inc.			
3. Principal Office Address 1271 Warwick Avenue			City Warwick	State RI	Zip 02865
4. NAICS Code 811190		6. Brief description of the character of business conducted in Rhode Island Car Wash			
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 Riad Douleh			Vice-President Name Freda Douleh		
Street Address 520 Angell Road			Street Address 520 Angell Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Freda Douleh			Treasurer Name Freda Douleh		
Street Address 520 Angell Road			Street Address 520 Angell Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE <input type="checkbox"/>
		500		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 Riad Douleh					Date 1/19/18
Signature of Authorized Representative <i>Riad Douleh</i>					SIGN DOCUMENT HERE

RECEIVED
 SECRETARY OF STATE
 FEB 9 2018

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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