



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018** AMENDED
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

| | | | |
|--|--|---|-------------------------------|
| 1. Entity ID Number 1169 | | 2. Exact name of the Corporation APPLE VALLEY CAR WASH, INC. | |
| 3. Principal Office Address CEDAR SWAMP ROAD | | City SMITHFIELD | State RI |
| | | Zip 02917 | |
| 4. NAICS Code 811192 | 6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE LANDS AND INTEREST IN LANDS; OWN, APPROVE AND DEVELOP REAL ESTATE FOR 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 RUTH MANSI | | Vice-President Name NONE | |
| Street Address 14 MAPLECREST DRIVE | | Street Address | |
| City GREENVILLE | State RI | Zip 02828 | |
| Secretary Name RUTH MANSI | | Treasurer Name RUTH MANSI | |
| Street Address 14 MAPLECREST DRIVE | | Street Address 14 MAPLECREST DRIVE | |
| City GREENVILLE | State RI | Zip 02828 | City GREENVILLE |
| | | | State RI |
| | | | Zip 02828 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name NONE | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 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 100 | 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 RUTH MANSI | | Date 6-27-18 | |
| Signature of Authorized Representative <i>Ruth Mansi</i> | | SIGN DOCUMENT HERE FILED JUL 2 2018 11:56 | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 02, 2018 11:56 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

