STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
130212	Car Spa Inc			
3. Street Address Principal Business Office		City	State	Zip
7 KAREN ANN DR		BRISTOL	RI	02809
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-253-7400	RHODE ISLAND			8896

7. Brief Description of the Character of Business Conducted in Rhode Island
AUTO DETAILING: INCLUDING VACUUMING, CLEANING, WASHING AND WAXING OF AUTOMOBILES, MOTORCYCLES AND BOATS

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
John A. Mattes	7 Karen Ann Dr	Bristol	RI	02809

Vice President Name	Street Address	City	State	Zip
Nancy F. Mattes	7 Karen Ann Dr	Bristol	RI	02809

Secretary Name	Street Address	City	State	Zip
NONE				

Treasurer Name	Street Address	City	State	Zip
NONE				

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

FILED

File Date FEB 23 2005

Check No. 287

By: KB

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John A. Mattes — 2-21-05

Signature of Officer — *Date*

John A. Mattes

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation		
130212	Car Spa Inc		
3. Street Address Principal Business Office: 7 KAREN ANN DR	City: BRISTOL	State: RI	Zip: 02809
4. Business Phone No.: 401-253-7400	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 8896

7. Brief Description of the Character of Business Conducted in Rhode Island
AUTO DETAILING: INCLUDING VACUUMING, CLEANING, WASHING AND WAXING OF AUTOMOBILES, MOTORCYCLES AND BOATS

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
JOHN A. MATTES	NANCY F. MATTES
Street Address: 7 KAREN ANN	Street Address: 7 KAREN ANN DR
City: BRISTOL State: RI Zip: 02809	City: BRISTOL State: RI Zip: 02809
Secretary Name: NONE	Treasurer Name: NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
NONE	NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 NO PAR VALUE			NONE		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 1 3 0 2 1 2 *

File Date: 2.25.04
Check No.: 178
By: LP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John A. Mattes — 2-23-04
Signature of Officer — *Date*

John A. Mattes
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03