

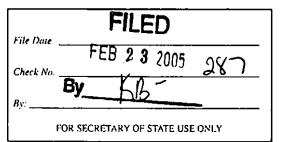
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown. Secretary of State

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

101.222.3040

420242	Corporate ID No. 2. Name of Corporation						
130212 Car Spa Inc		; 	City	State	Zip		
7 KAREN ANN DR			BRISTOL	RI	2280	9	
		5. State of Incorporation	ı		6. SIC Code	1 _	
401-253-7400 RHODE IS Brief Description of the Character of Business Conducted in Rhode Island		RHODE ISLAND	<u> </u>	 .	831	ι φ	
AUTO DETAILING	: INCLUDING VACUUM	ING, CLEANING, WASHIN	G AND WAXING OF AUTON	OBILES, MOTORCYCLE	S AND BOATS		
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including any accompanying schedules and	• 1
ortained herein are true and correct.	
Ahre Matter	2-21.05
Signature of Officer	Date
John A. MATTES	
Printer Type Name of Officer	
TRESIDENT	
Title of Officer	
	Form 630 Rev. 12/03



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ROTTI CORI ORATION ANNUAL REPORT FOR THE TEAR	PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _	2004
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Filing Period: January 1 - M. FORM MUST BE TYPED OR PRIN		g Fee: \$50.00				
1. Corporate ID No 130212	2. Name of Corporation Car Spa Inc	i	· · · · · · · · · · · · · · · · · · ·			
Green Address Principal Business Office KAREN ANN DR			BRISTOL	Siaic RI	P0860	
9. Business Phone No. 401-253-7	400	5. State of Incorporation RHODE ISLAND			6. SIC Code 889 6	
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B. NAMES AND ADDRESSES Prosident Name TOHN A.	OF THE OFFICERS	: ("X" BOX FOR AITA	Vice President Name NANU	SPACES BEFORE USIN	G ATTACHMENTS	
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BRISTO C	State RI	²⁴ 03809	City BRISTUL	State RI	P0860 ^{nz}	
Secretary Name NONE			Treasurer Name NONE			
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D. NAMES AND ADDRESSES Director Name		 RS:	TACHMENT) FILL II	N SPACES BEFORE US	ING ATTACHMENTS	
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10. SHARES AUTHORIZED	 ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTAC	HMENT) 🗌	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 NO PAR VALUE			NONE			
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This report must be s	igned in ink by eith	ner the President, Vice F	including any accon	rjury, I declare and affirm npanying schedules and st	that I have examined this report, atements, and that all statements	
File Date 7.75	78		Signature of Officer	n Matte	223-04 Date	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Officer PUSI DENT			
	<u> </u>		Title of Officer			