



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

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 28 2019

BY

2452

1. Entity ID Number 43563		2. Exact name of the Corporation WESTMINSTER SELF WASH, INC.									
3. Principal Office Address 1880 Westminster Street			City Providence	State RI	Zip 02909						
4. NAICS Code 811192		6. Brief description of the character of business conducted in Rhode Island Washing motor vehicles and related services									
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 Constantinos Perdikakis			Vice-President Name Antonia Perdikakis								
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive								
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921						
Secretary Name Antonia Perdikakis			Treasurer Name Constantinos Perdikakis								
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive								
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Constantinos Perdikakis			Director Name Antonia Perdikakis								
Street Address 126 Beechwood Drive			Street Address 126 Beechwood Drive								
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value
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200	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.											
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 Constantinos Perdikakis					Date 2/26/19						
Signature of Authorized Representative 					SIGN DOCUMENT HERE						