



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

1574
[Signature]

1. Entity ID Number 706321		2. Exact name of the Corporation Broadway Car Wash, Inc.			
3. Principal Office Address 135 Broadway			City Providence	State RI	Zip 02903
4. NAICS Code 811192		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 Dean Perdikakis			Vice-President 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
Secretary Name Constantinos Perdikakis			Treasurer Name Dean 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 Dean 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 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	CLASS/SERIES	PAR VALUE
			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 2/28/19
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE