

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Services Division FILED

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
3342
BY

Entity ID Number	2. Exact nam	e of the Corporatio	n				
86043		DEXTER CAR WASH, INC.					
3. Principal Office Address			City		State	Zip	
280 Dexter Street			Pawtucket		RI	02860	
4. NAICS Code	6. Brief desci	6. Brief description of the character of business conducted in Rhode Island					
811192	To engage	To engage in the business of car washing and cleaning.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and	d addresses)	<u>-</u>		Check	the box to ir	ndicate an attachment 🔲	
President Name Constantinos	Vice-President Name Antonia Perdikakis						
Street Address 126 Beechwoo	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 a	nd addresses)		1	Chec	k the box to	ndicate an attachment	
Director Name Constantinos Perdikakis			Director Name Antonia Perdikakis				
Street Address 126 Beechwood Drive			Street Address 126 Beachwood Drive				
City Cranston	State RI	Zip 02921	City Cranston		State RI	Zip 02921	
Director Name None			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Ζφ	
9. Shares Authorized		10. Shares Is:	sued	Check the box to indicate an attachmen		ndicate an attachment	
his information is currently of record in the		NUMBER OF SHARES		CLASS/SERI	CLASS/SERIES PAR VALUE		
Department of State.		100		Common		No Par Value	
Changes require an additional t	filing.						
11. This report must be execu	ted on behalf of the	corporation by an	authorized repre	sentative. If the corp	oration is in t	the hands of a receiver or	
trustee, this report must be ex						ab adulas and	
Under penalty of perjury, I d statements, and that all stat				including any acco	mpanying s	cnequies and	
Name of Authorized Represer		THE COMMENT OF THE COMMENT	70 001100		Date	. 10	
Constantinos Perultrakis	, , ,				1 2	120/17	
Signature of Authorized Repre	sentative	SIGN DO	CUMENT HERE				
1. 11/1/		3,0,700	. SSMEIT MINE	- 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov