



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2019

Corporation

FOR

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001685052		2. Exact name of the Corporation SOUTH COUNTY SOFT WASH. INC			
3. Principal Office Address 71 OAK STREET		City ASHAWAY		State RI	Zip 02804
4. NAICS Code 561790		6. Brief description of the character of business conducted in Rhode Island CLEANING OF ROOFS, DRIVEWAYS, BUILDING AND RELATED ITEMS			
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 JAMES R. DURDA			Vice President Name JAMES C. DURDA		
Street Address 71 OAK STREET			Street Address 3671A SOUTH COUNTY TRAIL		
City ASHAWAY	State RI	Zip 02804	City WEST KINGSTON	State RI	Zip 02892
Secretary Name MICHAEL A. GADROW			Treasurer Name		
Street Address 481 LAFAYETTE ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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"/>		
NUMBER OF SHARES			CLASS OF SHARES		PAR VALUE
100			COMMON		01
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 JAMES R. DURDA					Date 08/12/2019
Signature of Authorized Representative					
SIGN DOCUMENT HERE					

FILED

AUG 14 2019

BY

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017