



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

Annual Report for the year: 2020
Corporation

- 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 000040537		2. Exact name of the Corporation AUTOWASH SUPPLY CO., INC.			
3. Principal Office Address 20 COOPER STREET			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 44130 0		6. Brief description of the character of business conducted in Rhode Island THE SALE OF WHOLESALE AND RETAIL VEHICLE CLEANING EQUIPOMENT OF EVERY KIND. THE SALE OF VEHICLE CLEANING PRODUCTS AND ALSO INSTALLATION.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					2019 DEC 20 PM 12:33 RECEIVED STATE OF RHODE ISLAND BUSINESS SERVICES DIVISION
President Name DAVID K BRUNO		Vice-President Name			
Street Address 20 COOPER STREET		Street Address			
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	
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	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		540	CNP	0.00000	
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 DAVID K BRUNO				Date 12/16/2019	
Signature of Authorized Representative BRUNO DAVID K PRESIDENT					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

DEC 20 2019
 9:60 AM V.A.A. 12:37pm.