



Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March

0040537

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Autowash Supply Co., Inc.

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of: \_\_\_\_\_

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Organization: \_\_\_\_\_

Date of Qualification to do business in Rhode Island (if foreign entity):  
\_\_\_\_\_  
\_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

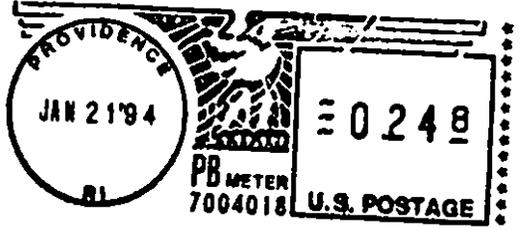
OFFICER TYPE	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One)	_____	_____	_____
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	_____	_____	_____
<input type="checkbox"/> CUSTOMER OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	_____	_____	_____

Ira M. Leonard, Secretary of State  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903-1335



FROM COUNTRY RI 02016  
UNCLAIMED \_\_\_\_\_ REUSED \_\_\_\_\_  
ATTEMPTED DELIVERY \_\_\_\_\_  
INSUFFICIENT ADDRESS \_\_\_\_\_  
FORWARDING PERIOD EXPIRED \_\_\_\_\_  
MOVED LEFT NO ADDRESS \_\_\_\_\_  
NO SUCH STREET \_\_\_\_\_  
NO REFERRABLE \_\_\_\_\_ NUMBER

*Handwritten signature/initials*



CLASS \_\_\_\_\_  
SERIES \_\_\_\_\_  
PAR VALUE OR WITHOUT PAR \_\_\_\_\_  
SER \_\_\_\_\_  
PAR \_\_\_\_\_  
WIT \_\_\_\_\_

