



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.

FILED

STAMP

JAN 29 2020

BY 30840 DS

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 61949		2. Exact name of the Corporation Ginger's Car Wash, Inc.			
3. Principal Office Address 110 Oak Street			City Westerly	State RI	Zip 02891
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Operation of Car Wash and related services			
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 Eugene J. Gencarelli, Jr.			Vice-President Name Jeannine M. Gencarelli/Brian Morrone, Exec.VP		
Street Address 110 Oak Street			Street Address 110 Oak Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jeannine M. Gencarelli			Treasurer Name Eugene J. Gencarelli, Jr.		
Street Address 110 Oak Street			Street Address 110 Oak Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eugene J. Gencarelli, Jr.			Director Name Jeannine M. Gencarelli		
Street Address 110 Oak Street			Street Address 110 Oak Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100		Common
					PAR VALUE
					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 Eugene J. Gencarelli, Jr., President					Date ✓ 1/21/20
Signature of Authorized Representative <i>Eugene J. Gencarelli, Jr.</i>					SIGN DOCUMENT HERE

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