

RI SOS Filing Number: 202189454870

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021 Corporation

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_	4	Filing	neriod:	Janua

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	e if form is not	filed by April 1.								
Entity ID Number	2. Exact name of the Corporation									
90505	NEW ENGLAND CAR & VAN WASH, INC.									
Principal Office Address	<u> </u>		City		State	Zıp				
5770 Post Road			East Green	East Greenwich		02818				
4. NAICS Code	Brief description of the character of business conducted in Rhode Island									
811192	Own and operate car and van wash facilities									
5. State of Incorporation]									
RHODE ISLAND	<u> </u>									
7. List ALL officers (names and add	lresses)		Check the box to indicate an attachment							
President Name Jeffrey S. Beattle	Vice-President Name John Phelan									
Street Address 5770 Post Road				Street Address 5770 Post Road						
City East Greenwich	State RI	^{Zip} 02818	City	East Greenwich	State RI	^{Zıp} 02818				
Secretary Name John Phelan	Treasurer Name Jeffrey S. Beattie									
Street Address 5770 Post Road	Street Address 5770 Post Road									
City East Greenwich	State RI	^{Zip} 02818	City	East Greenwich	State RI	Z _{IP} 02818				
8. List ALL directors (names and ad	dresses)		Check the box to indicate an attachment							
Director Name None			Director Name							
Street Address		_	Street Address							
City	State	Zip	City		State	Zıp				
Director Name	•		Director Name	e		-				
Street Address			Street Address							
on do rivorego				Chicot / Natices						
City	State	Zıp	City		State	Zip				
9. Shares Authorized	10. Shares Issued		Check the box to indicate an attachment							
This information is currently of record Department of State.			F SHARES	C_ASS/SERIES		PAR VALUE				
•		1,000		Common N	/A	No Par Value				
Changes require an additional filing.										
11. This report must be executed o	n behalf of the o		authorized repre	I sentative. If the corpora	ation is in the l	hands of a receiver or				
trustee, this report must be execute	ed on behalf of t	he corporation by	the receiver or t	rustee.						
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 Date										
Jeffrey S. Beattie, President										
Signature of Authorized Representative SIGN DOCUMENT HEREILE										
1 1000			· ·	WE.ED						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FEB 0 1 2021 KM

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FORM 630 - Revised: 10/2017