

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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 <u>0000 14846</u>		2. Exact name of the Corporation <u>KELLY'S CAR WASH INC</u>	
3. Principal Office Address <u>200 CHARLES STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02904</u>	
4. NAICS Code <u>447110</u>	6. Brief description of the character of business conducted in Rhode Island <u>SERVICE STATION AND CAR WASH</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>MICHAEL E. KELLY</u>		Vice-President Name	
Street Address <u>200 CHARLES STREET</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		Zip	
Secretary Name <u>KATHLEEN KELLY</u>		Treasurer Name	
Street Address <u>200 CHARLES STREET</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>MICHAEL E. KELLY</u>		Director Name	
Street Address <u>200 CHARLES STREET</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		Zip	
Director Name <u>KATHLEEN KELLY</u>		Director Name	
Street Address <u>200 CHARLES STREET</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>121</u>	CLASS/SERIES <u>COMMON</u>
Changes require an additional filing.			PAR VALUE <u>NONE</u>
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 <u>Kathleen Kelly</u>		Date <u>Jan 31, 2021</u>	
Signature of Authorized Representative <u>KATHLEEN KELLY</u>			