



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.

FILED
FEB 17 2021
10819
STAMP

1. Entity ID Number 001445401		2. Exact name of the Corporation Wakefield Hands Car Wash Services Inc			
3. Principal Office Address 1356 BROAD ST			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 811192		6. Brief description of the character of business conducted in Rhode Island AUTO DETAILING AND CAR WASH			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LISETTE J. MEDINA			Vice-President Name		
Street Address 1356 BROAD ST 2ND FL			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Zip
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	PAR VALUE
		1000		CNP	0.00
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 LISETTE J MEDINA				Date 02/12/2021	
Signature of Authorized Representative <i>Lisette J Medina</i>					