



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.

RECEIVED  
 STATE  
 DEPARTMENT OF  
 BUSINESS SERVICES  
 DIVISION  
 APR 26 2021  
 12:39 PM

1. Entity ID Number 001669926		2. Exact name of the Corporation BW Bristol, Inc.			
3. Principal Office Address 19 Gooding Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 333318		6. Brief description of the character of business conducted in Rhode Island Washing and cleaning of automobiles			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Yvonne D. Blackman			Vice-President Name Yvonne D. Blackman		
Street Address 72 Powers Street			Street Address 72 Powers Street		
City Needham	State MA	Zip 02492	City Needham	State MA	Zip 02492
Secretary Name Yvonne D. Blackman			Treasurer Name Yvonne D. Blackman		
Street Address 72 Powers Street			Street Address 72 Powers Street		
City Needham	State MA	Zip 02492	City Needham	State MA	Zip 02492
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	Common	No Par
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.					
<b>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.</b>					
Name of Authorized Representative Yvonne D. Blackman, President					Date 2.21.2021
Signature of Authorized Representative <i>Yvonne D. Blackman</i>					

**FILED** *m*

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

**APR 26 2021**

BY *CM 560KA*  
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 FORM 630 - Revised: 08/2020