RI SOS Filing Number: 202196356390 Date: 5/10/2021 11:29:00 AM

State of Rhode Island
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.

RECEIVED STATE R.I. DEPT. OF STATE BUS. SVCS. DIV. 2021 MAR -5 A 9:44

1. Entity ID Number	2. Exact name of the Corporation			
149852	BWCW, Inc.			
3. Principal Office Address		City	State	Zip
137 West Main Road		Middletown	RI	02842
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811192	Wash automobiles			
5. State of Incorporation				
Rhode Island				

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7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	10,000	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.

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
Yvonne D. Blackman, President	2.21.2021

Signature of Authorized Representative: Yvonne D Blackman

FILED
MAY 10 2021
BY CA 2AA9M 11:29

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

FORM 630 - Revised: 08/2020