RI SOS Filing Number: 202332677990 Date: 4/10/2023 4:00:00 PM State of Rhode Island

## **Department of State - Business Services Division**

FILED

Annual Report for the year:	2023
Corporation	

→ Filing perio	d: February 1 - May 1
→ Filing Fee.	\$50.00

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$\rightarrow$	Penalty:	Additional	\$25.00 (	fee if f	orm is	not filed	by Ma	v 31

1. Entity ID Number	1 Cyant a	of the Commention					
000061949	2. Exact name of the Corporation Ginger's Car Wash, Inc.						
<u>.</u>	Gingers	Cai vvasn, i					
3. Principal Office Address			City		State	Zip	
110 Oak Street		Westerly		RI	02891		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
812990	Operation	of Car Wash a	and related s	services			
5. State of Incorporation	Operation of Car Wash and related services.						
Rhode Island							
7. List ALL officers (names and add	resses)	<del></del> -		Check to	he box to in	dicate an attachment 🔲	
President Name Eugene J. Gen	carelli, Jr.	<b></b>	Vice-President Name Jeannine M. Gencarelli/Brian Morrone				
Street Address 110 Oak Street			Street Address	110 Oak Street			
	State RI	<sup>Zip</sup> 02891		City Westelry State R		<sup>Z<sub>ip</sub></sup> 02891	
Secretary Name Jeannine M. Gencarelli		<del>-</del> -	Treasurer Name Eugene J. Gencarelli, Jr.				
Street Address 110 Oak Street			Street Address 110 Oak Street				
<sup>City</sup> Westerly	State RI	<sup>Z<sub>ip</sub></sup> 02891	City Westerly		State RI	<sup>Zip</sup> 02891	
<ol><li>List ALL directors (names and ad</li></ol>	dresses)			Check t	he box to ir	ndicate an attachment	
Director Name Eugene J. Gencarelli, Jr.			Director Name Jennine M. Gencarelli				
Street Address 110 Oak Street		Street Address 110 Oak Street					
<sup>City</sup> Westerly	State RI	<sup>Z<sub>ip</sub></sup> 02891	City Westerly		State RI	<sup>Z<sub>ip</sub></sup> 02891	
Director Name			Director Name				
Street Address		<u> </u>	Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu	sued Check the box to indicate an			ndicate an attachment	
This information is currently of record Department of State.	d in the	NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		100		Common		No Par Value	
Changes require an additional filing.							
11. This report must be executed or	n behalf of the c	orporation by an a	uthorized repres	entative. If the corpor	ation is in t	he hands of a receiver or	
trustee, this report must be execute	d on behalf of the	he corporation by t	he receiver or tr	ustee.			
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 /							
				1/4/2023			
Signature of Authorized Representa	Berus	relli.					

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov