



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED

APR 13 2023

BY 1823

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 4895		2. Exact name of the Corporation COSANN AUTO WASH, INC.			
3. Principal Office Address 660 School Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 811192		6. Brief description of the character of business conducted in Rhode Island Washing motor vehicles and related services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Constantinos Perdikakis			Vice-President Name Antonia Perdikakis		
Street Address 660 School Street			Street Address 660 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Constantinos Perdikakis			Treasurer Name Antonia Perdikakis		
Street Address 660 School Street			Street Address 660 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Constantinos Perdikakis			Director Name Antonia Perdikakis		
Street Address 660 School Street			Street Address 660 School Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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		PAR VALUE
			100		No Par Value
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 Constantinos Perdikakis				Date 4/1/23	
Signature of Authorized Representative 					