



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Corporation**

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

**STAMP**  
**FILED**  
FOR SECRETARY OF STATE USE ONLY  
**APR 13 2023**  
 BY *ATB*

1. Entity ID Number <b>43563</b>		2. Exact name of the Corporation <b>WESTMINSTER SELF WASH, INC.</b>			
3. Principal Office Address <b>660 School Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>811192</b>		6. Brief description of the character of business conducted in Rhode Island <b>Washing motor vehicles and related services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Constantinos Perdikakis</b>			Vice-President Name <b>Antonia Perdikakis</b>		
Street Address <b>660 School Street</b>			Street Address <b>660 School Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Antonia Perdikakis</b>			Treasurer Name <b>Constantinos Perdikakis</b>		
Street Address <b>660 School Street</b>			Street Address <b>660 School Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Constantinos Perdikakis</b>			Director Name <b>Antonia Perdikakis</b>		
Street Address <b>660 School Street</b>			Street Address <b>660 School Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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		CLASS/SERIES	
		200		Common	
				PAR VALUE	
				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. <i>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.</i>					
Name of Authorized Representative <b>Constantinos Perdikakis</b>				Date <b>4-1-23</b>	
Signature of Authorized Representative 					

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