RI SOS Filing Number: 202339866450 Date: 7/28/2023 4:00:00 PM

State of Rhode Islan Department of St		ss Services I	Division			STAMP	
Annual Report for the year: 2023					4 00 0000		
Corporation ————————————————————————————————————					R.I. DE	EULIVEU PTIOFISTATE	
→ Filing Fee: \$50.00						EVES NIV	
Penalty: Additional \$25.00 €					2022		
1. Entity ID Number		2. Exact name of the Corporation 7023 JUL 28 A 10: 31					
000971185	<u> </u>						
Principal Office Address SEABURY STREET			City	IDENCE	State RI	Zip 02907	
4. NAICS Code	16 Brief descripti	on of the charact			1	02907	
811192		6. Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation	CAR WASH	CAR WASH					
RI	ļ						
7. List ALL officers (names and ad	 dresses)			Check the	box to indi	cate an attachment	
President Name CRISTIAN R CABRERA							
Street Address Street Address					·		
130 BYRON BLVD							
City WARWICK	State RI	^{Zip} 02888	City		State	Zip	
Secretary Name		1	Treasurer I	Name	1		
Street Address			Street Address				
On occi i dancas			Sirect Add				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment						cate an attachment [
Director Name			Director Na	ame			
Street Address			Street Address				
City State Zip			City State IZID				
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 Issu				icate an attachment	
This information is currently of record in the Department of State.		10 000		CLASS/SE	RIES	PAR VALUE	
Changes require an additional filing.		10,000				0.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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	
CRISTIAN R CABRERA					07/28/2023		
Signature of Authorized Representative							
$\sqrt{1-1}$							
MAIL TO:							

MAIL TO:

Division of Business Services

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

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

