



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED
APR 30 2024
BY 14453
DS

1. Entity ID Number 19912		2. Exact name of the Corporation OLNEYVILLE AUTO WASH, INC.			
3. Principal Office Address 660 School Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 811182		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 None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	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 3/31/24	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov