



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 1979

OS

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	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Constantinos Perdikakis		Treasurer Name Antonia Perdikakis	
Street Address 660 School Street		Street Address 660 School Street	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
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	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		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. <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 Constantinos Perdikakis		Date 3/31/24	
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov