



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

Annual Report for the year:  
Corporation

2024

MAY 21 2024

2612

→ 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 <b>1169</b>		2. Exact name of the Corporation <b>APPLE VALLEY CAR WASH, INC&lt;</b>												
3. Principal Office Address <b>CEDAR SWAMP ROAD</b>			City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>									
4. NAICS Code <b>81192</b>		6. Brief description of the character of business conducted in Rhode Island <b>CAR WASH GAS STATION</b>												
5. State of Incorporation <b>RI</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>RUTH MANSI</b>			Vice-President Name											
Street Address <b>14Maplecrest DRIVE</b>			Street Address											
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip									
Secretary Name <b>NONE</b>			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
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 Issued <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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
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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. <b>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.</b>														
Name of Authorized Representative <b>RUTH MANSI</b>				Date <b>5/15/24</b>										
Signature of Authorized Representative <i>Ruth Mansi</i>														

**MAIL TO:**

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