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.

1. Entity ID Number	2. Exact name of the Corporation			
0000 14846	KELLY'S CAR WASH INC			
3. Principal Office Address: 200 CHARLES STREET	City: PROVIDENCE	State: RI	Zip: 02904	
4. NAICS Code: 447110	6. Brief description of the character of business conducted in Rhode Island: SERVICE STATION AND CAR WASH			
5. State of Incorporation: RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MICHAEL E. KELLY			Vice-President Name		
Street Address: 200 CHARLES STREET			Street Address		
City: PROVIDENCE	State: RI	Zip: 02904	City	State	Zip
Secretary Name: KATHLEEN KELLY			Treasurer Name		
Street Address: 200 CHARLES STREET			Street Address		
City: PROVIDENCE	State: RI	Zip: 02904	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MICHAEL E. KELLY			Director Name		
Street Address: 200 CHARLES STREET			Street Address		
City: PROVIDENCE	State: RI	Zip: 02904	City	State	Zip
Director Name: KATHLEEN KELLY			Director Name		
Street Address: 200 CHARLES STREET			Street Address		
City: PROVIDENCE	State: RI	Zip: 02904	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	121	COMMON	NONE

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	Date
MICHAEL E. KELLY	11/18/24

Signature of Authorized Representative: Michael E Kelly

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

FILED 2:30
DEC 06 2024
BY DSWDP

FORM 630- Revised: 12/2023