State of Rhode Island
Department of State - Business Services Division

FILED
APR 21 2025
BY

Annual Report for the year: 2025
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
000061949	Ginger's Car Wash, Inc.

3 Principal Office Address	City	State	Zip
110 Oak Street	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	Operation of Car Wash and related services.
5. State of Incorporation: Rhode Island	

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

President Name	Street Address	City	State	Zip
Eugene J. Gencarelli, Jr.	110 Oak Street	Westerly	RI	02891

Vice-President Name	Street Address	City	State	Zip
Jeannine M Gencarelli/Brian Morrone	110 Oak Street	Westerly	RI	02891

Secretary Name	Street Address	City	State	Zip
Jeannine M. Gencarelli	110 Oak Street	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip
Eugene J. Gencarelli	110 Oak Street	Westerly	RI	02891

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

Director Name	Street Address	City	State	Zip
Eugene J. Gencarelli, Jr.	110 Oak Street	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Jeannine M. Gencarelli	110 Oak Street	Westerly	RI	02891

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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. **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.

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
Eugene J. Gencarelli, Jr., President	✓ 04/09/25

Signature of Authorized Representative: Eugene J Gencarelli jr

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

FORM 630- Revised: 12/2023