



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

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 RI DEPT. OF STATE  
 BUS SVCS DIV

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**Annual Report for the year: 2022**  
**Corporation**

2022 MAR -8 PM 3:20

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

1. Entry ID Number <b>001679175</b>		2. Exact name of the Corporation <b>V C CAR WASH, INC.</b>			
3. Principal Office Address <b>587 Central Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>811192</b>		6. Brief description of the character of business conducted in Rhode Island <b>Car Washing and Cleaning</b>			
5. State of Incorporation <b>Rhode Island</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>Victor M. Claudio</b>			Vice-President Name <b>NONE</b>		
Street Address <b>587 Central Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Secretary Name <b>Victor M. Claudio</b>			Treasurer Name <b>Victor M. Claudio</b>		
Street Address <b>587 Central Avenue</b>			Street Address <b>587 Central Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Victor M. Claudio</b>			Director Name <b>NONE</b>		
Street Address <b>587 Central Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>COMMON</b>	<b>NO PAR VALUE</b>
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>Victor M. Claudio</b>				Date <b>2/28/22</b>	
Signature of Authorized Representative <i>Victor M. Claudio</i>				<b>FILED</b> <b>MAR 08 2022</b> <b>BY 334 AA</b>	

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