



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2022
Corporation

APR 25 2022 STAMP
 BY *[Signature]* FOR

- 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 149852		2. Exact name of the Corporation BWCW Inc.					
3. Principal Office Address 137 West Main Road			City Middletown	State RI	Zip 02842		
4. NAICS Code 811192		6. Brief description of the character of business conducted in Rhode Island Wash Automobiles					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Yvonne D. Blackman			Vice-President Name Yvonne D. Blackman				
Street Address 72 Powers Street			Street Address 72 Powers Street				
City Needham	State MA	Zip 02492	City Needham	State MA	Zip 02492		
Secretary Name Yvonne D. Blackman			Treasurer Name Yvonne D. Blackman				
Street Address 72 Powers Street			Street Address 72 Powers Street				
City Needham	State MA	Zip 02492	City Needham	State MA	Zip 02492		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name None			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							
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		10,000		Common		No Par	
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 Yvonne D. Blackman, President					Date 4.22.2022		
Signature of Authorized Representative <i>Yvonne D Blackman</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