RI SOS Filing Number: 202331945720 Date: 3/29/2023 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2023 SIME 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 001679175 V C CAR WASH. INC. 3. Principal Office Address City State 587 Central Avenue **Pawtucket** RI 02861 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 811192 Car Washing and Cleaning 5. State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Victor M. Claudio Vice-President Name NONE Street Address 587 Central Avenue Street Address State RI ^{City} Pawtucket City ^{Zıp}02861 Zıp Secretary Name Victor M. Claudio Treasurer Name Victor M. Claudio Street Address 587 Central Avenue Street Address 587 Central Avenue ^{Čity} Pawtucket State RI ^{Zip}02861 State RI ^{City} Pawtucket ^{Zip}02861 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name NONE Director Name Victor M. Claudio Street Address 587 Central Avenue Street Address State RI ^{Zip} 02861 City State Zıp **Pawtucket** Director Name NONE Director Name NONE Street Address Street Address State Zip City Zıp Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES PAR VA: UF Department of State. 100 COMMON NO PAR VALUE Changes require an additional filing. 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

Signature of Authorized Representative

Victor M. Claudio, President

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3/10/23

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov