



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.

EC'D RRD35 BSD
MAR 22 2:38:30

1. Entity ID Number 001679175		2. Exact name of the Corporation V C CAR WASH, INC.			
3. Principal Office Address 587 Central Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 811192		6. Brief description of the character of business conducted in Rhode Island Car Washing and Cleaning			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victor M. Claudio			Vice-President Name NONE		
Street Address 587 Central Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Victor M. Claudio			Treasurer Name Victor M. Claudio		
Street Address 587 Central Avenue			Street Address 587 Central Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Victor M. Claudio			Director Name NONE		
Street Address 587 Claudio Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
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 Victor M. Claudio, President					Date 3/16/24
Signature of Authorized Representative <i>Victor M. Claudio</i>			MAILED 238		

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

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