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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
146216	PETRO MOBIL, Inc			
3. Street Address Principal Business Office		City	State	Zip
360 Plainfield		Providence	RI	02909
4. Business Phone No.	5. State of Incorporation			
401-944-0018	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Convenience Store and Mechanic Services

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Elio Miguel Olivero			Elio R Olivero		
Street Address			Street Address		
108 Princes Ave			215 Ohio Street		
City	State	Zip	City	State	Zip
Providence	RI	02920	Providence	RI	02905
Secretary Name			Treasurer Name		
			Elio E Olivero		
Street Address			Street Address		
			15 Morning Star Row		
City	State	Zip	City	State	Zip
			Providence	RI	02907

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Elio Miguel Olivero			Elio R Olivero		
Street Address			Street Address		
108 Princes Ave			215 Ohio Street		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Providence	RI	02905
Director Name			Director Name		
Elio E Olivero					
Street Address			Street Address		
15 Morning Star Row					
City	State	Zip	City	State	Zip
Providence	RI	02905			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,500	Common	No Par Value	0		0

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.

[redacted] [redacted]

FILED
File Date AUG 31 2007
Check No.
By: By 985
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12922-18-175975

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.

Signature 8-29-07 *Date*

Elio Miguel Olivero
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06