

A. Ralph Mollis, Secretary of State
Corporations Dueston
148 W. River Street
Providence, RI 0290 F-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 falling 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) day) is subject to a penalty fee of \$55.60

law (R.I.G.L. 7-1.2-1501(c&d)) is		e of \$25.00.	•	5 (6.5),	preservata a,	
1 Corporate ID No. 155068	2. Name of Corporation Speedway Gas & Auto Service, Inc.					
3. Street Address Principal Business Office 399 Broadway			Providence	State Rhode Island	χίρ 02903	
7 Business Phone No. 5 State of Incorporation 401-781-7890 Rhode Island						
6. Bruef Description of the Character of Business Conducted in Rhode Island Sale of Gasoline and auto repair						
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) 🔲 FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS	
President Name			Vice President Name			
Elias Ayoub			Elias Ayoub			
Never Address 1809 Elmwood ave			Street Address 1809 Elmwood ave			
Warwick	Rhode Island	ջւր 02888	Cin Warwick	State Rhode Island	<i>⊠</i> 02888	
Secretary Name Elias Ayoub			Treasurer Name Elias Ayoub			
Street Address 1809 Elmwood ave			Street Address 1809 Elmwood ave			
ଫଳ Warwick	State Rhode Island	Zip 02888	City Warwick	State Rhode Island	Ζip 02888	
8. NAMES AND ADDRESSES (i		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Elias Ayoub			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address 1809 Elmwood ave			Street Address			
City	State	Zip	CHv	State	Zip	
Warwick	Rhode Island	02888			·	
Director Name			Director Name			
Street Address			Mrvet Address			
City	State	Zip	CHy	State	Ziμ	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares e	Class/Series t	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			100	None	None	
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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.						

File Date FILED	
Check No. SEP 1 0 2007	
By: FOR SECRETARY OF STATE USE ONLY	(h)
TON SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare including any accompanying sche contained herein are true and contained herein are true are true and contained herein are true	^
- 6.47210	7-5-07
Signature	Date
Elias Ayoub	
Print or Type Name	
President	
Title	
	Form 630 Rev. 12/06