



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. 000045773		2. Name of Corporation RUOTOLO'S FUEL OIL, INC.			
3. Street Address Principal Business Office 141 SHUN PIKE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-647-7744		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL AND WHOLESALE SALES OF PETROLEUM PRODUCTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS A. RUOTOLO			Vice President Name BONNIE RUOTOLO		
Street Address 10 GLEANER CHAPEL ROAD			Street Address 10 GLEANER CHAPEL ROAD		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI	Zip 02857
Secretary Name BONNIE RUOTOLO			Treasurer Name THOMAS A. RUOTOLO		
Street Address 10 GLEANER CHAPEL ROAD			Street Address 10 GLEANER CHAPEL ROAD		
City N. SCITUATE	State RI	Zip 02857	City N. SCITUATE	State RI	Zip 02857
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	CNP	\$0.00	100	CNP	\$0.00

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 12 2007**
By: **21605**
FOR SECRETARY OF STATE USE ONLY

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.

Thomas A. Ruoto 9/10/07
Signature Date

THOMAS A. RUOTOLO

Print or Type Name

PRESIDENT

Title