



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
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. <b>77080</b>		2. Name of Corporation <b>Economy Mobil, Inc.</b>									
3. Street Address Principal Business Office <b>30 FRAM DRIVE</b>		City <b>MANFIELD</b>	State <b>MA</b>	Zip <b>02048</b>							
4. Business Phone No. <b>508-762-1288</b>		5. State of Incorporation <b>MASSACHUSETTS</b>									
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OWN, LEASE, ESTABLISH, MAINTAIN CONDUCT, OPERATE AND MANAGE A GENERAL MOTOR VEHICLE SERVICE STATION.</b>											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name <b>ELIAS G. ISRAEL</b>		Vice President Name									
Street Address <b>30 FRAM DRIVE</b>		Street Address									
City <b>MANFIELD</b>	State <b>MA</b>	Zip <b>02048</b>	City	State							
Secretary Name <b>LEWA G. ISRAEL</b>		Treasurer Name <b>MICHAEL C. ISRAEL</b>									
Street Address <b>30 FRAM DRIVE</b>		Street Address <b>30 FRAM DRIVE</b>									
City <b>MANFIELD</b>	State <b>MA</b>	Zip <b>02048</b>	City <b>MANFIELD</b>	State <b>MA</b>							
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name <b>ELIAS G. ISRAEL</b>		Director Name <b>LEWA G. ISRAEL</b>									
Street Address <b>30 FRAM DRIVE</b>		Street Address <b>30 FRAM DRIVE</b>									
City <b>MANFIELD</b>	State <b>MA</b>	Zip <b>02048</b>	City <b>MANFIELD</b>	State <b>MA</b>							
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	
<b>15,000 COMM NO PAR VALUE</b>				<b>NONE</b>		<b>100</b>		<b>NONE</b>		<b>NO PAR</b>	

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. **OCT 15 2007**  
By: **3650**  
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.

Signature **ELIAS G. ISRAEL** Date **10-2-07**  
Print or Type Name  
Title **PRESIDENT**