

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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1. ID No.	2. Exact	t name of the limited liability company						
000226916	Exxonl	Mobil Sales A	and Supply LLC					
3. State of Formation		4. Brief descripti	on of the character of the busi	iness which is actually conducted in Rhode Isla	ınd			
Delaware		Engage in in	ternational sales of for	eign crude oil and petroleum produ	cts			
5. Principal office address			City	State	Zip			
3225 Gallows Road				FAIRFAX	VA	22	037	
6. MAILING ADDRE	85 OF L	IMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTACT PER	RSON:	-		
DENNIS M. HOUSTON				PRESIDENT				
Street Address				City	State	Zip		
3225 GALLOWS ROAD			FAIRFAX	VA	22	037		
7. NAME AND ADDI Manager Name DENNIS M. HOUS				CHABILITY COMPANY, IF APPLICA G ATTACHMENTS ("X" BOX FOR A Manager Name SUSAN L. DIAZ		OT LIST ME	MBERS	
Street Address 3225 GALLOWS ROAD				Street Address 3225 GALLOWS ROAD				
City FAIRFAX		State VA	^{Zip} 22037	City FAIRFAX	State VA	Zip 220)37	
Manager Name ALIX E. THOMPS	ON	4	•••••••••••	Manager Name PAUL D. BROWNING	1	***************************************		
3225 GALLOWS ROAD				3225 GALLOWS ROAD	D Agradie, or			
City FAIRFAX		State VA	^{Zip} 22037	City FAIRFAX	State VANE	Zip 220	037	
8. RESIDENT AGEN Agent Name CORPORATION S	- ,.		** **	ranges require filing of Form 642	- R.I.G.L. 7-1	16-11	•	
	LICITION	L COMI AN	•			724		
Address			City	Zip				
222 JEFFERSON BOULEVARD SUITE 200			Į WARWICK, RI	WARWICK, RI 02888				

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000226916

File Date FILED		
Check No. NOV 0 2 2007	<u> </u>	
FOR SECRETARY OF STA	TE 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 berein are true and correct.

Signature of Afahorized Person

Nate Jenkin S
Print or Type Name of Authorized Person