



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 2008

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. 76101		2. Name of Corporation Save-On Oil Company, Inc.	
3. Street Address Principal Business Office 15 Talbot Street			City North Providence
4. Business Phone No. (401)724-1122		State RI	Zip 02904
5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON THE SALES AND DELIVERY OF OIL.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Paul H. Sayles		Vice President Name Jean F. Sayles	
Street Address 15 Talbot Street		Street Address 15 Talbot Street	
City No. Prov.	State RI	Zip 02904	City No. Prov.
Secretary Name Paul H. Sayles		Treasurer Name Jean F. Sayles	
Street Address 15 Talbot Street		Street Address 15 Talbot Street	
City No. Prov.	State RI	Zip 02904	City No. Prov.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Paul H. Sayles		Director Name Jean F. Sayles	
Street Address 15 Talbot Street		Street Address 15 Talbot Street	
City No. Prov.	State RI	Zip 02904	City No. Prov.
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000	NO PAR VALUE		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES -- THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
500	Common	No Par Value	

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. **JAN 08 2008**
By: **11089**
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 *Paul H. Sayles* Date **1-4-08**
Paul H. Sayles
Print or Type Name
President
Title