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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.	2. Name of Corporation			
86973	Coastal Petroleum Corporation			
3. Street Address Principal Business Office		City	State	Zip
19 Jackson Avenue		Mystic	Ct	06355
4. Business Phone No.	5. State of Incorporation			
860-536-2606	CT			

6. Brief Description of the Character of Business Conducted in Rhode Island
The retail sale of petroleum products

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Scott Zelken			Richard Crook		
Street Address			Street Address		
34-2 Blood Street			14 Pawnee Lane		
City	State	Zip	City	State	Zip
Lyme	Ct	06371	Charlestown	R I	02813
Secretary Name			Treasurer Name		
Richard Crook			Scott Zelken		
Street Address			Street Address		
14 Pawnee Lane			34-2 Blood Street		
City	State	Zip	City	State	Zip
Charlestown	R I	02813	Lyme	Ct	06371

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Scott Zelken					
Street Address			Street Address		
34-2 Blood Street					
City	State	Zip	City	State	Zip
Lyme	Ct	6371			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 No Par Value			5000	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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 *Date* 1/10/08

Scott Zelken
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. JAN 14 2008
By: By 3003 1
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183473-9-214704

Form 630 Rev. 12/06