



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. 137585		2. Name of Corporation MANCINI'S SERVICE STATION, INC.			
3. Street Address Principal Business Office 1191 Hartford Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 831-5360		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING AND SELLING GASOLINE, PETROLEUM PRODUCTS AND OTHER SUPPLIES OF EVERY KIND AND NATURE RELATING TO MOTOR VEHICLES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Mancini			Vice President Name Anthony G. Mancini		
Street Address 69 Orchard Meadows Drive			Street Address 266 Scituate Avenue		
City Smithfield	State RI	Zip 02917	City Cranston	State RI	Zip 02921
Secretary Name Agnes A. Mancini			Treasurer Name Agnes A. Mancini		
Street Address 69 Orchard Meadows Drive			Street Address 69 Orchard Meadows Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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
600 COMM NO PAR VALUE			600	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.

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 Agnes A. Mancini Date January 23, 2008

Print or Type Name AGNES A. MANCINI

Title TREASURER

<b>FILED</b>	
File Date	<u>JAN 24 2008</u>
Check No.	<u>14732</u>
By	<u>By</u>
FOR SECRETARY OF STATE USE ONLY	