



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
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	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	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	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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
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
AGNES A. MANCINI
 Print or Type Name
TREASURER
 Title

FILED
 File Date: JAN 24 2008
 Check No.: 14732
 By: By
 FOR SECRETARY OF STATE USE ONLY