



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *90265*		2. Name of Corporation Y & I GAS, INC.			
3. Street Address Principal Business Office 1344 WESTMINISTER STREET		City PROVIDENCE	State RI	Zip 02909	
4. Business Phone No. (401) 521-3313		5. State of Incorporation RHODE ISLAND			6. SIC Code 3558
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AT WHOLESALE AND RETAIL ALL TYPES OF PETROLEUM PRODUCTS FOR AUTOMOBILES.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Georgette Youssef		Vice President Name Georgette Youssef			
Street Address 12 Pendleton Street		Street Address 12 Pendleton Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Georgette Youssef		Treasurer Name Georgette Youssef			
Street Address 12 Pendleton Street		Street Address 12 Pendleton Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Georgette Youssef		Director Name None			
Street Address 12 Pendleton Street		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			500	Common	No Par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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*90265 DBC1/30/033:00
FILED
File Date **FEB 25 2008**
Check No. **1703**
By **DS**
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.

Georgette Youssef 2-16-08
Signature of Officer Date
Georgette Youssef
Print or Type Name of Officer
President
Title of Officer