



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. 19568		2. Name of Corporation OIL CENTRAL, INC.			
3. Street Address Principal Business Office 4 TITUS STREET			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4017224445		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island oil delivery services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTONIO A. CRUZ			Vice President Name PATROCINIA P. CRUZ		
Street Address 4 TITUS STREET			Street Address 4 TITUS STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name PATROCINIA P. CRUZ			Treasurer Name ANTONIO A. CRUZ		
Street Address 4 TITUS STREET			Street Address 4 TITUS STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANTONIO A. CRUZ			Director Name PATROCINIA P. CRUZ		
Street Address 4 TITUS STREET			Street Address 4 TITUS STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMMON NO PAR VALUE			300	COMMON	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	Number of Shares	Class/Series	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.

FILED  
FEB 28 2008  
By: DS 0715  
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.

Antonio A Cruz 2-5-08  
Signature Date

ANTONIO A. CRUZ

Print or Type Name

PRESIDENT ANTONIO A. CRUZ  
Title