



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	
600	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	
300	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.

**FILED**  
File Date: FEB 28 2008  
Check No.:  
By: AS 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