



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. 12868 | | 2. Name of Corporation Nunes Liquidating Company | | | |
| 3. Street Address Principal Business Office 20 Delaware Avenue | | | City Cumberland | | State RI |
| 4. Business Phone No. 401-722-5656 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Distributing, buying, selling, maintaining, repairing, and installing oil burners, their components, fuel storage tanks, fuel kerosene and range oil. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Daniel O. Nunes | | | Vice President Name Nancy Emond Nunes | | |
| Street Address 20 Delaware Avenue | | | Street Address 20 Delaware Avenue | | |
| City Cumberland | State Rhode Island | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Mark Kames | | | Treasurer Name Nancy Emond Nunes | | |
| Street Address 2845 Post Road | | | Street Address same as above | | |
| City Warwick | State RI | Zip 02886 | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Daniel O. Nunes | | | Director Name Nancy Emond Nunes | | |
| Street Address same as above | | | Street Address same as above | | |
| 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"/> AUTHORIZED SHARES | | | 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 |
| 500 | COMM NO PAR VALUE | | 500 | common | no par value |

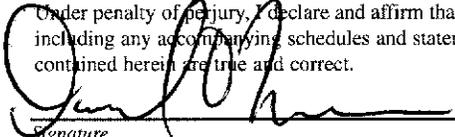
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
FEB 29 2008
1052

File Date _____
Check No. _____
By: _____

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.


Signature _____ Date 2/15/08

Daniel O. Nunes
Print or Type Name
President
Title