



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
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*

* 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. 1320 | | 2. Name of Corporation Armand's Service Station, Inc. | | | |
| 3. Street Address Principal Business Office 277 State Street | | | City Bristol | State RI | Zip 02809 |
| 4. Business Phone No. 401-245-0224 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Repairing and servicing all types of autos and the sale at wholesale and retail all auto parts the selling of gas and oil. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Armand Horta, Jr. | | | Vice President Name Sandra Horta | | |
| Street Address 277 State Street | | | Street Address Same | | |
| City Bristol | State RI | Zip 02809 | City | State | Zip |
| Secretary Name Sandra Horta | | | Treasurer Name Armand Horta, Jr. | | |
| Street Address Same | | | Street Address Same | | |
| City | State | Zip | 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 Armand Horta, Jr. | | | Director Name Sandra Horta | | |
| Street Address Same | | | Street Address Same | | |
| 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"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 500 COMM NO PAR VALUE | | | 100 | 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 29 2008

Check No. BY: 2174

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: *Sandra Horta* Date: 2/24/08

Print or Type Name: Sandra Horta

Title: Secretary