

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.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		e of \$25.00.	-		1.4.78
1. Corporate ID No. 134185  2. Name of Corporation Charles H. Drew Co., Inc.					
3. Street Address Principal Business Office 31 Calder Street			City Cranston	State RI	02920
4. Business Phone No. 5. State of Incorporation 401-942-5470 Rhode Island			n .		
6. Brief Description of the Character of Sale, wholesale and retail of	f all oil products or p	etroleum based produ			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA		ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Christopher W. Drew			Elizabeth Drew Street Address		
Street Address 31 Calder Street			31 Calder Street		
City Cranston	State RI	<i>Zip</i>   <b>02920</b>	City Cranston	State RI	<sup>Zip</sup> 02920
Secretary Name Henry B. Tinges			Treasurer Name Christopher W. Drew		
Street Address 31 Calder Street			Street Address 31 Calder Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	<sup>Zip</sup> 02920
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT		PACES BEFORE USING	G ATTACHMENTS
Director Name			Director Name Elizabeth Drew		
Christopher W. Drew			: Street Address		
Street Address			31 Calder Street		
31 Calder Street	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City:	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value
	mmon no t	oar	100	common	none
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.					
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					hat I have examined this report,
including any accompanying schedules and statements, and that all statement contained forcin are true and correct.					
Ellen		contained notein are			
File Date FILED			Signature Date		
Check No. OCT 1 6 2008		~/)	CHAISTOPHER W. DREW		
1/1/0	8		Print or Type Name		
By: By / / // / /		"13	IDENT		
FOR SECRETARY OF STA		Title	<u> </u>	Form 630 Rev. 12/06	