



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. 8434		2. Name of Corporation DREW OIL CORPORATION			
3. Street Address Principal Business Office 31 Calder Street			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-942-5470		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Home heating oil distribution and all lawful business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher W. Drew			Vice President Name Elizabeth Drew		
Street Address 31 Calder Street			Street Address 31 Calder Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 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	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christopher W. Drew			Director Name Elizabeth Drew		
Street Address 31 Calder Street			Street Address 31 Calder Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Robert M. Drew			Director Name		
Street Address 31			Street Address		
City Cranston	State RI	Zip 02920	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 — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	common	no par	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.

File Date **FILED**  
Check No. **OCT 16 2008**  
By: **9463**  
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 **Christopher W. Drew** Date **10-15-08**  
Print or Type Name **PRESIDENT**  
Title