

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 2009

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(cctd)) is

subject to a penalty fee of \$25.00.)01(e), each torponumon ju	isting or rejusing to jue its unn	uai report within thirty (30) uays i	agree ine iime prescribea by u	w (N.J. G.L. 7-1.2-1.301(10 u/) b
1. Согрогаte ID No. 89971	2. Name of Corporation Capital Terminal Company				
3. Street Address Principal Business Office 100 Dexter Road			East Providence	State RI	^{Zip} 02914
Business Phone No. 5. State of Incorporation Rhode		Island			
6. Brief Description of the Character of Petroleum Storage Facility	f Business Conducted in I	lbode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Todd D. Turcotte			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Address 100 Dexter road			Street Address		
East Providence	State RI	^{Zip} 02914	City	State	Zip
Secretary Name Barbara J. Dreyer			Treasurer Name Barbara J. Dreyer		
Street Address 100 Dexter Road			Street Address 100 Dexter Road		
City East Providence	State RI	^{Zip} 02914	City East Providence	State RI	^{Zip} 02914
8. NAMES AND ADDRESSES Director Name Robert H. Eder	OF THE DIRECTOR	S: ("X" BOX FOR ATT	Director Name Barbara J. Dreyer	SPACES BEFORE USIN	G ATTACHMENTS
Street Address 139 North County Road, Suite 24			Street Address 254 Wayland Avenue, Apt. 4		
^{City} Palm Beach	State FL	^{Zip} 33480	City Providence	State RI	^{Zip} 02906
Todd D. Turcotte			Director Name		
Street Address 4 Avenue D			Street Address		
City Lincoln	State RI	^{Zip} 02865	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			500	Common	No Par Value
This report must be executed this report must be executed or	on behalf of the corp	poration by an authorize oration by the receiver	ed representative. If the cor or trustee.	rporation is in the hand	ls of a receiver or trustee,
		_	including any accom	panying schedules and st	that I have examined this repo- atements, and that all statemen
1 -	- 19		contained herein are		1.10.

Check No. Barbara J. Dreyer Print or Type Name Secretary/Treasurer FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08