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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 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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.: 84419
2. Name of Corporation: Inland Rhode Island, Inc.
3. Street Address Principal Business Office: 154 Admiral Street — City: Bridgeport — State: CT — Zip: 06605
4. Business Phone No.: 203-362-3332 ext 1379
5. State of Incorporation: Connecticut
6. Brief Description of the Character of Business Conducted in Rhode Island: To engage in the wholesale and retail distribution of petroleum products

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Office	Name	Street Address	City	State	Zip
President Name	Thomas S. Santa	154 Admiral Street	Bridgeport	CT	06605
Vice President Name	Kevin R. Lloyd	154 Admiral Street	Bridgeport	CT	06605
Secretary Name	Kevin R. Lloyd	154 Admiral Street	Bridgeport	CT	06605
Treasurer Name	Kevin R. Lloyd	154 Admiral Street	Bridgeport	CT	06605

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Thomas S. Santa	154 Admiral Street	Bridgeport	CT	06605
Kevin R. Lloyd	154 Admiral Street	Bridgeport	CT	06605

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
8,000	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.

[redacted] [redacted]

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: Kevin R. Lloyd — Date: 1/5/09

Print or Type Name: Kevin R. Lloyd

Title: Secretary

File Date: FILED

Check No.: JAN 0 7 2009 302529

By: By

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[redacted]

Form 630 Rev. 08/08