

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

PROFIT CORPORATION A'NNUAL REPORT FOR THE YEAR 2009

401.222.30

Filling Period: January 1 - March 1 • Filling 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(cc²rd)) is subject to a penalty fee of \$25.00.

subject to a permity fee of \$25.00.	2 Name of Continuation		······		
1. Corporate ID No.	2. Name of Corporation				
76101	LSave-On O	il Company,	Inc.	State	Zip
3. Street Address Principal Business Office 15 Talbot Street			North Provide		02904
4. Business Phone No. 5. State of Incorporation			MOTELL TEOVER		102301
(401)724-1122 Rhode Isla			nd		
6. Brief Description of the Character of Business Conducted in Rhode Island					
TO CARRY ON THE			OTT.		
7. NAMES AND ADDRESSES				ACES REFORE USING	ATTACHMENTS
President Name			Vice President Name		
David W. Carriag			Jean F. Sayles		
Paul H. Sayles Street Address			: Street Address		
15 Talbot Street			15 Talbot Street		
City	State	Zip	City	State	Ζίρ
No. Prov.	RI	02904	No. Prov.	RI	02904
Secretary Name	4	<i></i>	: Treasurer Name		······ d·······
Paul H. Sayles			Jean F. Sayles		
Street Address			Street Address		
15 Talbot Street			15 Talbot Street		
Сиу	State	Zip	City	State	Zip
No. Prov.	RI	02904	No. Prov.	RI	02904
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN S	PACES BEFORE USING	G ATTACHMENTS
Director Name			Director Name		
Paul H. Savles			Jean F. Sayles		
Street Address			Street Address		
15 Talbot Street			15 Talbot Street		
City	State	Zip	City	State	Zip
No. Prov.	RI	02904	No. Prov.	RI	02904
Director Name			Director Name		
			:		
Street Address			Street Address		
	T .	т	<u>:</u>		
City	State	Ζip	City	Şiate	Zip
A STANDS ALTERIATION AND					
9. SHARES AUTHORIZED	w		10. SHARES ISSUED (IMENT)
1,000 NO PAR VALUE			ISSUED SHARES — THIS SECT		
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 VALU
			300	001111011	
			<u> </u>		
This report must be executed				poration is in the hands	of a receiver or trustee,
this report must be executed o	n behalf of the corpo	ration by the receiver of	or trustee.		
			Under penalty of peri	urv. I declare and affirm th	hat I have examined this repor
					tements, and that all statement
			contained herein are t		
File Date			. المريم المستد	Danled Land	1 2 00
Liren			Signature	NAME OF THE PERSON OF THE PERS	1 _ 2 _ 0 9 Date
Check No. A to SOOO				ر) ر	= =====
LUUJ & PUAL			Paul H. Sa	аутев	
By: 1/000			Print or Type Name		
By // By	TE LISE ONLY				
By FOR SECRETARY OF STATE	TE USE ONLY		Print or Type Name		Form 630 Rev. 08/08