

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(v&d)) ts

subject to a penalty fee of \$25.00. 1. Corporate ID No. Armistice Boulevard Gas & Auto Service, Inc. 158463 Street Address Principal Business Office Pawtucket RΙ 02861 19 Mendon Avenue 5. State of Incorporation a Business Phone No Rhode Island 6 Brief Description of the Character of Business Conducted in Rhode Island Retail gasoline sales and auto repair and all other lawful business 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gary R. Reis Mary Beth Reis Street Address Street Address 86 Naushon Road 86 Naushon Road City State 02861 RI Pawtucket RI 02861 Pawtucket Secretary Name Treasurer Name Mary Beth Reis Mary Beth Reis Street Address Street Address 86 Naushon Road 86 Naushon Road (.iI)State Pawtucket 02861 02861 RΙ RΙ Pawtucket 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Mary Beth Reis None Street Address Street Address 86 Naushon Road State Ζip  $Z_{4D}$ CHy State City 02861 Pawtucket RI Director Name Director Name None None Street Address Street Address City Stetle Zij. 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED

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.

Number of Shares

100

File Date	FILED
Check No.	JAN 2 0 2009
By:	80 25 be
FOR	SECRETARY OF STATE USE ONLY

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.

	nd affirm that I have examined this report, less and statements, and that all statements
contained herein are true and correct	
Signature	Date
Mary Beth Reis	
Print or Type Name	
President	
Title	

ISSUED SHARES --- THIS SECTION MUST BE COMPLETED

Class/Series

Common

Par Vaine

No Par Value