



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. 59110		2. Name of Corporation Hull Suburban Propane, Inc.			
3. Street Address Principal Business Office Ocean Avenue (P. O. Box 237)			City Block Island	State RI	Zip 02807
4. Business Phone No. 401-466-5946		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Propane Gas Sales and Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter McNerney			Vice President Name John Briery		
Street Address P. O Box 782, Amy Dodge Lane			Street Address 26 Southwick Drive		
City Block Island	State RI	Zip 02807	City Lincoln	State RI	Zip 02865
Secretary Name Bernadette McNerney			Treasurer Name Bernadette McNerney		
Street Address P. O Box 782, Amy Dodge Lane			Street Address P. O Box 782, Amy Dodge Lane		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter McNerney			Director Name		
Street Address P. O. Box 782, Amy Dodge Lane			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
1,000	No Par Value		100	A	No Par Value

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.	JAN 26 2009
By:	By <u>2484</u>
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.

Bernadette McNerney 1/22/09
Signature Date

Bernadette McNerney
Print or Type Name

Secretary/Treasurer
Title