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.	*2. Name of Corporation*			
137585	MANCINI'S SERVICE STATION, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
1191 Hartford Avenue		Johnston	RI	02919
4. Business Phone No.	*5. State of Incorporation*			
(401) 831-5360	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
BUYING AND SELLING GASOLINE, PETROLEUM PRODUCTS AND OTHER SUPPLIES OF EVERY KIND AND NATURE RELATING TO MOTOR VEHICLES

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

President Name			*Vice President Name*		
Anthony Mancini			Anthony G. Mancini		
Street Address			*Street Address*		
69 Orchard Meadows Drive			266 Scituate Avenue		
City	*State*	*Zip*	*City*	*State*	*Zip*
Smithfield	RI	02917	Cranston	RI	02921
Secretary Name			*Treasurer Name*		
Agnes A. Mancini			Agnes A. Mancini		
Street Address			*Street Address*		
69 Orchard Meadows Drive			69 Orchard Meadows Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Smithfield	RI	02917	Smithfield	RI	02917

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

Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 COMM NO PAR VALUE			600	Common	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.

[redacted] [redacted]

FILED
File Date JAN 26 2009
Check No. By 15102
By:
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.

Agnes A Mancini January 23, 2009
Signature *Date*

AGNES A. MANCINI
Print or Type Name

[redacted] TREASURER
Title

Form 630 Rev. 12/06