



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 65606
2. Name of Corporation R B Howes & Co. Inc.
3. Street Address Principal Business Office
60 OCEAN STATE ROAD
4. Business Phone No.
5. State of Incorporation
RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
SALE AND MARKETING COMPANY FOR AUTOMOTIVE FUEL CONDITIONS

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

President Name Robert B. Howes Street Address 60 Ocean State Drive City North Kingstown State RI Zip 02852	Vice President Name Robert B. Howes Street Address 60 Ocean State Drive City North Kingstown State RI Zip 02852
Secretary Name Robert B. Howes Street Address 60 Ocean State Drive City North Kingstown State RI Zip 02852	Treasurer Name Robert B. Howes Street Address 60 Ocean State Drive City North Kingstown State RI Zip 02852

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

Director Name Robert B. Howes Street Address 60 Ocean State Drive City North Kingstown State RI Zip 02852	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 COMM NO PAR VALUE			100	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.



FILED

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File Date FEB 09 2009

Check No. By [Signature]

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.

Signature Robert B. Howes Date 2/5/09
Print or Type Name Robert B. Howes
Title President