

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.

. Corporate ID No. <b>22177</b>	2. Name of Cor Getty Term	2. Name of Corporation Getty Terminals Corp.				
3. Street Address Principal Business Office 1500 Hempstead Turnpike			<i>Citγ</i> East Meadow	State NY	<sup>Zip</sup> 11554	
4. Business Phone No. 5. State of Incorporation New York						
. Brief Description of the Cha. Terminal Operator	racter of Business Condu	cted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Vincent DeLaurentis Street Address 1500 Hempstead Turnpike			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name Michael Hantman  Street Address 1500 Hempstead Turnpike			
						ity East Meadow
Secretary Name Michael Lewis			Treasurer Name Linda Raynor			
Street Address 1500 Hempstead Turnpike			Street Address 1500 Hempstead Turnpike			
East Meadow	State NY	<sup>Zip</sup> 11554	City East Meadow	State NY	<sup>Zip</sup> 11554	
<ul> <li>NAMES AND ADDRE Director Name</li> <li>Vincent DeLaurentis</li> </ul>	·	ECTORS: ("X" BOX FOR ATT	TACHMENT) THELL IN  Director Name  Michael Hantman	SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address 1500 Hempstead Turnpike			Street Address 1500 Hempstead Turnpike			
Zity East Meadow Director Name	State NY	2ip 11554	City East Meadow Director Name	State NY	<i>Ζір</i> 11554	
Street Address			Street Address			
My	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)    ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	
			200	Common	No Par	
		the corporation by an authorized corporation by the receiver		orporation is in the hand	ds of a receiver or tro	

File Date	FILED	
Check No	EB 2 0 2009	
By: By	193098	
F	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and at including any accompanying schedules a	
contained herein are true and correct.	2/16/-8
Signature	Date
Michael K. Hantman	
Print or Type Name	· · ·

Senior Vice President & CFO

Title