



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. 11646	2. Name of Corporation Neill F. Coffey, Inc.
3. Street Address Principal Business Office 48 TOURO ST 4018475100	City NEWPORT State RI Zip 02840
4. Business Phone No. 4018475100	5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SERVICE STATION	

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

President Name Neill F. Coffey Street Address 60 Sachuest Way City Newport State RI Zip 02842	Vice President Name Neill F. Coffey Street Address 60 Sachuest Way City Newport State RI Zip 02842
Secretary Name Neill F. Coffey Street Address 60 Sachuest Way City Newport State RI Zip 02842	Treasurer Name Diane Coffey Street Address 60 Sachuest Way City Newport State RI Zip 02842

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

Director Name Neill F. Coffey Street Address 60 Sachuest Way City Newport State RI Zip 02842	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) ☐

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	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.



FILED

File Date FEB 20 2009
Check No. By 1862
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.

Signature Neill F. Coffey Date 2/2/09
Print or Type Name
Neill F. Coffey
President
Title