



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

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

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
1,000 NO PAR VALUE	100
Class/Series	Class/Series
	Common
Par Value	Par Value
	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
Title President

RECEIVED STATE CORPORATION DIV
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