

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(e&d)) is

subject to a penalty fee of \$25.00.				•					
1. Corporate ID No. 45044	2. Name of Corporation MINERAL SPRING AVENUE GETTY, INC.								
3. Street Address Principal Business Office 1879 Mineral Spring Avenue			North Providence	State RI	<i>Ζip</i> 02904				
4. Business Phone No. 5. State of Incorporation Rhode Island			<u> </u>						
6. Brief Description of the Character of Business Conducted in Rhode Island Gasoline and oil sales, auto repairs and state inspections									
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name			Vice President Name						
Dib Tannous			Michel M. Daher						
Street Address 6 City View Circle			Street Address 6 City View Circle						
North Providence	State RI	^{Zip} 02904	City North Providence	State RI	<i>Z</i> ф 02904				
Secretary Name Jeane Palmer Tannous			Treasurer Name Jeane Palmer Tannous						
Street Address 6 City View Circle			Street Address 6 City View Circle						
North Providence	State RI	^{Zip} 02904	City North Providence	State RI	^{Zip} 02904				
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	<i>'ACHMENT'</i>) 🔲 FILL IN SPA	CES BEFORE USING AT	TACHMENTS				
Director Name Dib Tannous			Director Name Michel M. Daher						
Street Address			Street Address						
6 City View Circle			6 City View Circle						
City	State	Zip	City	State	Zip				
North Providence	RI	02904	North Providence	RI	02904				
Director Name Jeane Palmer Tannous			Director Name						
Street Address 6 City View Circle			Street Address						
City North Providence	State RI	<i>Zip</i> 02904	City	State	Zip				
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)						
			ISSUED SHARES — THIS SECTION <u>MUST</u> 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				
			100	Common	No Par Value				
This report must be executed of this report must be executed of	on behalf of the corpor in behalf of the corpor	oration by an authorize ration by the receiver o	d representative. If the corpor trustce.	ation is in the hands of a	a receiver or trustee,				

File Date	
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FOR SECRETARY OF STATE USE ONLY	

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inc	luding any acc	companying sche	dules and state	ments, and that all	statements
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