

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.

subject to a penalty fee of \$25.00	0.	oration failing or refusing to file its and	spare waster there y (50) ways ag	- was some preservoice by	(MANUA /-1.2-1.)VI((O'a)) !		
1. Corporate ID No. 73952	Valley Fue	2. Name of Corporation Valley Fuel Inc.					
3. Street Address Principal Business Office 1343 Main Street			City West Warwick	State RI	<i>Σφ</i> 02893		
4. Business Phone No. 5. State of Incorporation 401-823-8113 Rhode Island							
	osene and fuel oil	to install, repair, replace ser					
	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA		CES BEFORE USIN	G ATTACHMENTS		
President Name Kathleen Zampa			Vice President Name Kathleen Zampa				
Street Address 90 Tanglewood Drive			Street Address Same				
City West Warwick	State RI	<i>z</i>	City	State	Zip		
Secretary Name Kathleen Zampa			Treasurer Name Kathleen Zampa				
Street Address Same			Street Address Same				
City	State	Zip	City	State	Zψ		
8. NAMES AND ADDRES Director Name Kathleen Zampa	SES OF THE DIR	CTORS: ("X" BOX FOR AT)	FACHMENT) FILL IN SP Director Name	ACES BEFORE USI	NG ATTACHMENTS		
Street Address Same			Street Address				
City	State	Ζψ	City	State	Ζψ		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZE	D		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		
			500 Common NPV				
			500	Common	NPV		
This report must be executhis report must be execut	ated on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the corpor trustee.	oration is in the han	ds of a receiver or trustee,		

File Date	3-2-09	7
Check No.	4783	
Ву:	MMC	レ
FOR	SECRETARY OF STATE U	SE ONLY

Under penalty of perjury, I declare					
including any accompanying sched		ents, and that	t all stater	nents	
contained herein are true and corre	amos	<u>.</u> 5	128	09	
Signature	V	Date	, , , , , , , , , , , , , , , , , , , 		
Kathleen Zampa					
Print or Type Name					
President					
Title					

Form 630 Rev. 08/08