

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. 7-1.2-150).

| subject to a penalty fee of \$25.00 | 0. | poration juiling or rejusing to file its an | | s agier the time prescribed by the | nw (R.I.G.L. /-1.2-1501(ccra)) is |
|--|-------------------------------|--|---|------------------------------------|-----------------------------------|
| 1. Corporate ID No. 19568 | | rporation TRAL, INC. | | | |
| 3. Street Address Principal Business Office 4 TITUS STREET | | | CUMBERLAND | State RI | ^{Zip} 02864 |
| 4. Business Phone No. 5. State of Incorporation 4017224445 RHODE ISLAND | | | • | | |
| 6. Brief Description of the Chare OIL DELIVERY SERVIO | ucter of Business Cond CES | ucted in Rhode Island | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name ANTONIO A. CRUZ | | | ACHMENT) | | |
| Street Address 4 TITUS STREET | | | Street Address 4 TITUS STREET | | |
| CUMBERLAND | State RI | ^{Zip} 02864 | City CUMBERLAND | State RI | ^{Zip} 02864 |
| Secretary Name PATROCINIA P. CRUZ | | | Treasurer Name ANTONIO A. CRUZ | | |
| Street Address 4 TITUS STREET | | | Street Address 4 TITUS STREET | | |
| CUMBERLAND | State RI | ^{Zip} 02864 | City CUMBERLAND | State RI | ^{Ζip} 02864 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATA Director Name ANTONIO A. CRUZ | | | TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name PATROCINIA P. CRUZ | | |
| Street Address 4 TITUS STREET | | | Street Address 4 TITUS STREET | | |
| CUMBERLAND | State RI | Zip 02864 | City CUMBERLAND | State RI | <i>Ζ</i> φ∩⊃ 02⁄864 |
| Director Name NONE | | | Dtrector Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | z_{ψ} |
| 9. SHARES AUTHORIZEI | · ' | | : 10. SHARES ISSUED (ISSUED SHARES — THIS SECT | | HMENT) |
| 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 |
| | | | 300 | COMMON | NO PAR VALUE |
| This report must be executhis report must be execut | ted on behalf of t | he corporation by an authorize the corporation by the receiver of | d representative. If the cor or trustee. | poration is in the hands | of a receiver or trustee, |

| | Under penalty of poincluding any according according any according any according any according any according according any according according any according any according according according according according according any according acc |
|--------------------------------------|--|
| File Date FILED | contained herein ar |
| Check No. MAR 2 3 2009 | ANTONIO A |
| By By OF SECRETARY OF STATE USE ONLY | Print or Type Name PRESIDENT |
| | Title |

| Under penalty of perjury, I declare and affirm the including any accompanying schedules and state contained herein, are true and correct. | nat I have examined this report, ements, and that all statements |
|---|--|
| Live The and correct. | 2-1-05 |
| Signature | Date |
| ANTONIO A. CRUZ | |
| Print or Type Name | |
| PRESIDENT | |