State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
136290	CUMBERLAND PETOR CENTER, INC.			
3. Street Address Principal Business Office: 2095 DIAMOND HILL ROAD		City: CUMBERLAND	State: RI	Zip: 02864-5123
4. Business Phone No.: 401-333-9870	5. State of Incorporation: Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island: TO SELL GASOLINE, OIL & OTHER LAWFULLY RELATED PRODUCTS				

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

President Name	Street Address	City	State	Zip
ANTOUN HOURANIEH	665 BLUE HILL AVENUE	MILTON	MA	02186
Vice President Name	Street Address	City	State	Zip
IYAD CHAHINE	5 BRIDLE DRIVE	LINCOLN	RI	02865
Secretary Name	Street Address	City	State	Zip
ANTOUN HOURANIEH	665 BLUE HILL AVENUE	MILTON	MA	02186
Treasurer Name	Street Address	City	State	Zip
IYAD CHAHINE	5 BRIDLE DRIVE	LINCOLN	RI	02865

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

Director Name	Street Address	City	State	Zip
ANTOUN HOURANIEH	665 BLUE HILL AVENUE	MILTON	MA	02186
Director Name	Street Address	City	State	Zip
IYAD CHAHINE	5 BRIDLE DRIVE	LINCOLN	RI	02865
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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9. SHARES AUTHORIZED — 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.

10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300	CPV	$300.00
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

FILED
AUG 17 2009
By

29-9681

[redacted]

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 *Date*

ANTOUN HOURANIEH
Print or Type Name

PRESIDENT
Title

File Date:
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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