RALPH MOIL	State of Rhode Is Office of	land and Prov f the Secretary		tions Fee: \$50.0
		orporations Divis	ion	
		48 W. River Stre		
o		e, Rhode Island (		
6.		ohone: (401) 222		
Stary of	-	phone. (401) 222	-3040	
imited Liability Annual Report	Company			
iling Period: Septem	ber 1 - November 1			
	.I.G.L. 7-16-66(d), each limi			ng to
	vithin thirty (30) days after th		by law (R.I.G.L.	
-16-66(b&c)) is subj	ect to a penalty fee of \$25.0	0.		
ANNUAL REPORT	<b>FEAR:</b> <u>2009</u>			
1. ID No. <u>00015</u>	<u>55729</u>			
2. Exact Name of t	the Limited Liability Com	pany <u>New Engla</u>	nd Petroleum Tern	ninal, LLC
3. State of Format	ion			
State: DI				
State: <u>RI</u>				
5. Principal Office	DISTRIBUTION OF PET Address	KOLEUM PRO	DUCTS INCLUL	DING BIODIESEL.
No. and Street:	<b>89 SHIP STREET</b>			
City or Town:	PROVIDENCE	State: RI	Zip: 02903	Country: USA
6. Mailing Address	of Limited Liability Comp	oany and Name o	or Title of Contact	Person:
Contact Name: THe	OMAS F. HUDSON Contact	Title:		
No. and Street:	89 SHIP STREET			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>
7. Name and Addre DO NOT LIST ME	ess of Each Manager of th EMBERS	e Limited Liabili	ty Company, if A	pplicable.
Title	Individual Name		Address	
	First, Middle, Last, Suffix		Address, City or Town, State, Zip Code, Country	
Title				
	IT IN RHODE ISLAND - DO Filing of Form 642 - R.I.C			
IAMES H REILLY	<u>146 WESTMINSTER STR</u>			
	140 WESTWINSTER STR	EET PROVIDENC	<u>E</u> , <u>RI 02903-</u>	

**Signed this 28 Day of September, 2009 at 4:44:30 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>THOMAS F. HUDSON</u> Signature of Authorized Po

Signature of Authorized Person

Form No. 632 Revised 09/07

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