STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **58013**

2. Name of Corporation **Winners Petroleum Inc.**

3. Street Address Principal Business Office 101 Pleasantview Avenue
City Smithfield
State RI
Zip 02917

4. Business Phone No. (401)231-0390

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **3558**

7. Brief Description of the Character of Business Conducted in Rhode Island
Gasoline/Service Station

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name Jacob Mitri
Street Address ~~40 F Waterview Drive~~ 5 PINERIDGE DR
City Smithfield *State* RI *Zip* 02828

Vice President Name Walid Nakhoul
Street Address 378 Normandy Drive
City Norwood *State* MA *Zip* 02068

Secretary Name
Street Address
City *State* *Zip*

Treasurer Name Jacob Mitri
Street Address ~~40 F Waterview Drive~~ 5 PINERIDGE DR
City Smithfield *State* RI *Zip* 02828

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name Jacob Mitri
Street Address ~~40 F Waterview Drive~~ 5 PINERIDGE DR
City Smithfield *State* RI *Zip* 02828

Director Name Walid Nakhoul
Street Address 378 Normandy Drive
City Norwood *State* MA *Zip* 02068

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 SHS	**NO PAR**	**VAL**

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] * 5 8 0 1 3 *

File Date: 3.13.98
Check No.: 5021
By: MP
FOR SECRETARY OF STATE USE ONLY

[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 of Officer *Date* 3/11/98

Print or Type Name of Officer JACOB MITRI

Title of Officer PRES.