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

Corporations
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

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*

05-0449175 Winner's Petroleum, Inc.

3. Street Address Principal Business Office | *City* | *State* | *Zip*

101 Pleasantview Avenue | Smithfield | R.I. | 02917

4. Business Phone No. | *5. State of Incorporation* | *6. SIC Code*

(401)231-0390 | Rhode Island | 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
City | *State* | *Zip*
Smithfield | RI | 02828

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

Secretary Name

Street Address

City | *State* | *Zip*

Treasurer Name
Jacob Mitri
Street Address
378 Normandy Drive
City | *State* | *Zip*
Norwood | MA | 02068

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

Director Name
Jacob Mitri
Street Address
40 F Waterview Drive
City | *State* | *Zip*
Smithfield | RI | 02828

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

Director Name

Street Address

City | *State* | *Zip*

Director Name

Street Address

City | *State* | *Zip*

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100	Common	No Par	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]

File Date: 4/4/97

Check No.: 3019

By: OCT

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* 3/29/97

Print or Type Name of Officer JACOB MITRI

[redacted] VPRES

Title of Officer

Form 31 12/96