

PROFIT CORPORATION ANNUAL REPORT

1996

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State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 58013 2. NAME OF CORPORATION
05-0449175 Winner's Petroleum, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE CITY STATE ZIP CODE
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

PRESIDENT NAME <u>Jacob Mitri</u>	VICE PRESIDENT NAME <u>Walid D. Nakhoul</u>
STREET ADDRESS <u>40 F. Waterview Dr.</u>	STREET ADDRESS <u>378 Normandy Dr.</u>
CITY STATE ZIP CODE <u>Smithfield</u> <u>R.I.</u> <u>02828</u>	CITY STATE ZIP CODE <u>Norwood</u> <u>MA</u> <u>02068</u>
SECRETARY NAME 	TREASURER NAME <u>Jacob Mitri</u>
STREET ADDRESS 	STREET ADDRESS <u>40 F. Waterview Dr.</u>
CITY STATE ZIP CODE 	CITY STATE ZIP CODE <u>Smithfield</u> <u>R.I.</u> <u>02828</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME <u>Jacob Mitri</u>	DIRECTOR NAME <u>Walid D. Nakhoul</u>
STREET ADDRESS <u>40 F. Waterview Dr.</u>	STREET ADDRESS <u>378 Normandy Dr.</u>
CITY STATE ZIP CODE <u>Smithfield</u> <u>R.I.</u> <u>02828</u>	CITY STATE ZIP CODE <u>Norwood</u> <u>MA</u> <u>02068</u>
DIRECTOR NAME 	DIRECTOR NAME
STREET ADDRESS 	STREET ADDRESS
CITY STATE ZIP CODE 	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
<u>100</u>	<u>Common</u>	<u>No Par</u>	<u>100</u>	<u>Common</u>	<u>No Par</u>

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

4/30/96

Check No:

3862

By:

(Signature)

For Secretary of State Use Only

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

Jacob Nicholas Mitri

Print or Type Name of Officer

President
Title of Officer

4-29-96
Date