



Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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

125236

WESTERLY PETROMART, INC.

3. Street Address Principal Business Office

249 POST ROAD

City

WESTERLY

State

RI

Zip

02891-

4. Business Phone No.

4013220470

5. State of Incorporation

RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island

TO OPERATE A SELF-SERVICE GAS STATION WITH A CONVENIENCE STORE

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

President Name

RIAD DOULEH

Street Address

520 ANGELL ROAD

City

LINCOLN

State

RI

Zip

02865

Vice President Name

IYAD CHAHINE

Street Address

25 ELMHURST AVENUE

City

CRANSTON

State

RI

Zip

02920

Secretary Name

RIAD DOULEH

Street Address

520 ANGELL ROAD

City

LINCOLN

State

RI

Zip

02865

Treasurer Name

RIAD DOULEH

Street Address

520 ANGELL ROAD

City

LINCOLN

State

RI

Zip

02865

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

Director Name

RIAD DOULEH

Street Address

520 ANGELL ROAD

City

LINCOLN

State

RI

Zip

02865

Director Name

IYAD CHAHINE

Street Address

25 ELMHURST AVENUE

City

CRANSTON

State

RI

Director Name

Street Address

City

State

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 \$1.00 PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

COMMON

\$400.00

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.



1 2 5 2 3 6

125236 DBC 01/28/06 03:12:52 PM

File Date

Check No.

By:

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

Date

Print or Type Name of Officer

Title of Officer

Form 630 12/05