



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 64726		2. Name of Corporation Paul H. Armstrong, Inc.	
3. Street Address Principal Business Office 90 Winter ST		City Manville	State R.I.
4. Business Phone No. 401-769-1967		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Gasoline Service Station			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Paul H. Armstrong		Vice President Name Donna P. Armstrong	
Street Address 33 Manville Ave		Street Address 33 Manville Ave	
City Manville	State R.I.	City Manville	State R.I.
Zip 02838	Zip 02838	Zip 02838	Zip 02838
Secretary Name Donna P. Armstrong		Treasurer Name Paul H. Armstrong	
Street Address 33 Manville Ave		Street Address 33 Manville Ave	
City Manville	State R.I.	City Manville	State R.I.
Zip 02838	Zip 02838	Zip 02838	Zip 02838
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
9. SHARES AUTHORIZED 1,000 No Par Value		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 100	Class Series Common
			Par Value NPV

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.

File Date 2-17-2010
Check No. 10866
By: mnc
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 Paul H. Armstrong Date 2/14/10
PAUL H. ARMSTRONG
Print or Type Name
President
Title