



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. 21472		2. Name of Corporation Gasway Inc.			
3. Street Address Principal Business Office 1500 Hempstead Turnpike			City East Meadow	State NY	Zip 11554
4. Business Phone No. 516-542-4900		5. State of Incorporation New York			
6. Brief Description of the Character of Business Conducted in Rhode Island Operation of Company Owned Gas Stations					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vincent DeLaurentis			Vice President Name Michael Hantman		
Street Address 1500 Hempstead Turnpike			Street Address 1500 Hempstead Turnpike		
City East Meadow	State NY	Zip 11554	City East Meadow	State NY	Zip 11554
Secretary Name Michael Lewis			Treasurer Name Linda Raynor		
Street Address 1500 Hempstead Turnpike			Street Address 1500 Hempstead Turnpike		
City East Meadow	State NY	Zip 11554	City East Meadow	State NY	Zip 11554
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Vincent DeLaurentis			Director Name Michael Hantman		
Street Address 1500 Hempstead Turnpike			Street Address 1500 Hempstead Turnpike		
City East Meadow	State NY	Zip 11554	City East Meadow	State NY	Zip 11554
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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 200	Class/Series Common	Par Value No Par

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 **FILED**
Check No. **FEB 19 2010**
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]
Signature _____ Date _____
Michael K. Hantman
Print or Type Name
Senior Vice President & CFO
Title