

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 1D No. 159998	2. Name of Corporation Brothers Gas, Inc.					
3. Street Address Principal Business Office 317 N. Broadway			City Rumford	State RI	<i>Ζip</i> 02916	
4. Business Phone No. 5. State of Incorporati Rhode Island		•	DR .			
6. Brief Description of the Character of Gasoline Service Station				. Telemon	, , , , , , , , , , , , , , , , , , ,	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) TILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS	
President Name			Vice President Name			
Loubnon Succar			Arz Succar			
Street Address 11 Highview Avenue			Street Address 11 Highview Avenue			
City West Roxbury	State MA	<i>^{Zip}</i> 02132	োদ West Roxbury	State MA	^{Zip} 02132	
Secretary Name Charlie Succar			Treasurer Name Loubnon Succar			
Street Address 11 Highview Avenue			Street Address 11 Highview Avenue			
West Roxbury	State MA	^{Zip} 02132	City West Roxbury	State MA	^{Zip} 02132	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ADDIRECTOR Name Loubnon Succar			Director Name Arz Succar			
Street Address 11 Highview Avenue			Street Address 11 Highview Avenue			
West Roxbury	State MA	^{Ζip} 02132	շտ West Roxbury	State MA	^{Zip} 02132	
Director Name			Director Name		***************************************	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES		HMENT)	10. SHARES ISSUED ("X" ROX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series I	Par Value	Number of Shares	Class/Series	Par Value	
3000	Common .	01	300	Common	.01	
This report must be executed this report must be executed or	on behalf of the corpor on behalf of the corpor	oration by an authorized ration by the receiver o	I representative. If the corpor r trustee.	ration is in the hands of a	receiver or trustee.	

File Date	FILED
Check No	MAR 03 2010
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	e and affirm that I have examined this report,
including any accompanying sche	edules and statements, and that all statements
contained herein are true and corr	rect.
* WOUL	W 3/4/10
Signature	Date
Loubnon Succar	•
Print or Type Name	
President	
Title	