



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. 508216		2. Name of Corporation Crosson Oil Company, Inc.			
3. Street Address Principal Business Office 1708 South Main Street, P.O. Box 2070			City Fall River	State MA	Zip 02722
4. Business Phone No. 508-679-1931		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a retail gasoline station					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Frank Crosson			Vice President Name none		
Street Address 1708 South Main Street, P.O. Box 2070			Street Address		
City Fall River	State MA	Zip 02722	City	State	Zip
Secretary Name James F. Crosson, III			Treasurer Name Richard Crosson		
Street Address 1708 South Main Street, P.O. Box 2070			Street Address 1708 South Main Street, P.O. Box 2070		
City Fall River	State MA	Zip 02722	City Fall River	State MA	Zip 02722
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Frank Crosson			Director Name James F. Crosson, III		
Street Address 1708 South Main Street, P.O. Box 2070			Street Address 1708 South Main Street, P.O. Box 2070		
City Fall River	State MA	Zip 02722	City Fall River	State MA	Zip 02722
Director Name Richard Crosson			Director Name none		
Street Address 1708 South Main Street, P.O. Box 2070			Street Address		
City Fall River	State MA	Zip 02722	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 500	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. JUL 08 2010
By: 69617
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 _____ Date _____
Frank Crosson
Print or Type Name
President
Title