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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 2011

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.	2. Name of Corporation			
86973	Coastal Petroleum Corporation			
3. Street Address Principal Business Office		City	State	Zip
19 Jackson Avenue		Mystic	Ct	06355
4. Business Phone No.	5. State of Incorporation			
860-536-2606	CT			

6. Brief Description of the Character of Business Conducted in Rhode Island
The retail sale of petroleum products

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

President Name			Vice President Name		
Scott Zelken			Richard Crook		
Street Address			Street Address		
34-2 Blood Street			14 Pawnee Lane		
City	State	Zip	City	State	Zip
Lyme	CT	06371	Charlestown	RI	02813
Secretary Name			Treasurer Name		
Richard Crook			Scott Zelken		
Street Address			Street Address		
14 Pawnee Lane			34-2 Blood Street		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Lyme	CT	06371

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

Director Name			Director Name		
Scott Zelken					
Street Address			Street Address		
34-2 Blood Street					
City	State	Zip	City	State	Zip
Lyme	CT	06371			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
5000	Common	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.

[redacted] [redacted]

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* 12/29/2010

Scott Zelken
Print or Type Name

[redacted] President
Title

FILED
File Date JAN 04 2011
Check No. By mnc
By: 35388
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56841-4-537180

Form 630 Rev. 08/08