



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(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 86766		2. Name of Corporation Mystic Oil Co Inc.			
3. Street Address Principal Business Office 19 Jackson Avenue			City Mystic	State Ct	Zip 06355
4. Business Phone No. 860-536-2606		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott Zelken			Vice President Name Richard Crook		
Street Address 34-2 Blood Street			Street Address 14 Pawnee Lane		
City Lyme	State CT	Zip 06371	City Charlestown	State RI	Zip 02813
Secretary Name Richard Crook			Treasurer Name Scott Zelken		
Street Address 14 Pawnee Lane			Street Address 34-2 Blood Street		
City Charlestown	State RI	Zip 02813	City Lyme	State CT	Zip 06371
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott Zelken			Director Name		
Street Address 34-2 Blood Street			Street Address		
City Lyme	State CT	Zip 06371	City	State	Zip
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 3000	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.

FILED

File Date JAN 04 2011
 Check No. By mnc
 By: 15929
 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 12/29/2010
 Scott Zelken
 Print or Type Name
 President
 Title