



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. 18005		2. Name of Corporation NORTHUP'S SERVICE CENTER, INC.			
3. Street Address Principal Business Office 1892 Kingstown Road, P.O. Box 614			City Wakefield	State RI	Zip 02880-0614
4. Business Phone No. 401-782-4280		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Service Station					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis C. Northup			Vice President Name None		
Street Address 112 Omer Drive			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Rachel E. Northup			Treasurer Name Louis C. Northup		
Street Address 112 Omer Drive			Street Address 112 Omer Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Louis C. Northup			Director Name Rachel E. Northup		
Street Address 112 Omer Drive			Street Address 112 Omer Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
400		Common	No Par Value		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series	Par Value		
400		Common	No Par Value		

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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 19 2011

Check No. _____

By: [Signature]

FOR SECRETARY OF STATE USE ONLY 29-138223

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.

Rachel E. Northup 1/5/11
Signature Date

Rachel E. Northup
Print or Type Name

Secretary
Title