

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree Providence, Rt 02904-261

401.222.304

2010 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$ 300 THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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•	In accordance with R.	I.G.L. 7-1.2-15	01(e), each corporation failing or ref	ufusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1,2-1501(ce	od)) i
	chject to a penalty fee oj				
7	Controrate II No		> Name of Corporation		

1. Corporate ID No. 000015074	2. Name of Corporation KENT COUNTY OIL SERVICE, INC							
3. Street Address Principal Business C 40 MALBONE STREET	ffice .		WARWICK	State RI	7.ip 02888			
4. Business Phone No. 401-738-8600		5. State of Incorporation RHODE ISLAND						
5. Brief Description of the Character of SALE OF DIESEL & FUEL (bode Island	• • • • • • • • • • • • • • • • • • • •					
7. NAMES AND ADDRESSES **resident Name STEPHEN MILLER	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address					
Street Address 55 INDIAN HILL ROAD	1 1 1							
City WARWICK Secretary Name	State RI	^{Zip} 02888	City Treasurer Name	State	Zip			
Street Address			Street Address					
My	State	Zip	City	State	Zip			
3. NAMES AND ADDRESSES Vitector Name	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
Strewt Address			Street Address					
Caty	State	Zip	City	State	DEC RECORDER			
Director Name			5 2 2 3					
Street Address			Street Address					
City	State	Zip	City	State	Ale Silva			
). SHARES AUTHORIZED	<u>'</u>	'	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently State. Changes require an adinstruction sheet.		•	Number of Shares 500	Class/Series CNP	Par Value 0.00			
This report must be executed this report must be executed of	on behalf of the corporate on behalf of the corporate the corporate of the	oration by an authorize oration by the receiver of	d representative. If the or trustee.	corporation is in the hand	Is of a receiver or trustee,			
			Under genalty of	perjury, I declare and affirm	that I have examined this rendal			
File Date	JAN 1 9 2011		including any accompanying schedules and statements, and that all statement contained betein are true and correct.					
Check NoB		44	Signature STEPHEN	MILLER	Date			
Ву:			Print or Type Nam	ne —				
FOR SECRETARY OF STA	TE USE ONLY		Title					