

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 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.

96173	Salome O	2. Name of Corporation Salome Oil Co., Inc.				
2. Street Address Principal Business Office 273 Knight Street 4. Business Phone No. 5. State of Incorporation Rhode Island			Woonsocket	State Rhode Island	Zip 02895	
	tracter of Business Condi				***************************************	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name David Salome			ICHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Robert Jackson			
Street Address 273 Knight Street			Street Address 4 Highland Terrace			
//y Woonsocket	State RI	^{Ζιμ} 02895	City Smithfield	State RI	^{Ζip} 02917	
Secretary Name Jennifer Salome			Treasurer Name David Salome			
sucer Address 535 Logee Street			Mreet Address 273 Knight Street			
Voonsocket	State RI	^{Zip} 02895	City Woonsocket	State RI	7ip 02895	
. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT irector Name Jennie Salome			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
rret Address 32 Rose Avenue			Street Address			
w Voonsocket	State RI	2ip 02895	City	State	Zip	
yelor Name		Director Name				
Treet Address			Street Address			
	State	Zip	СИу	State	Zip	
SHARES AUTHORIZ	ED '	l	ı	 <i>("X" BOX FOR ATTACHE</i> CTION <u>MUST</u> BE COMPLETED	MENT)	
his information is cur	rently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			400	common	no par value	
his report must be execute report must be execute.	cuted on behalf of t uted on behalf of th	he corporation by an authorize to corporation by the receiver of	d representative. If the corrected	orporation is in the hands of	of a receiver or tru	

	FILED
File Date	JAN 3 1 2011
Check No. BY_	5659
By:FOR SECRETA	ARY OF STATE USE ONLY

Under penalty of perjury, I de including any accompanying	schedules and stateme	have examined this report, ents, and that all statements
contained herein are true and	i correct.	
Dames &	Salome	1-24-11
Signature		Date
David Salome		
Print or Type Name	···	
President		
Title	***	