

A. Ralph Mollis, Secretary of State

Corporations Division 1-48 W. River Street

Providence, Rt 02904-2615

401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 2. Name of Corporation Route 117 Gas & Carwash, Inc. 1. Corporate ID No. 164823 3 Street Address Principal Business Office *cin* Warwick RI 02889 1710 West Shore Road State of Incorporation i. Business Phone No Rhode Island (401) 737-2888 6 Brief Description of the Character of Business Conducted in Rhode Island Gas Station, Convenient Store and Car Wash 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS 1156 President Name Robert Barry Fishback Street Addres Street Address 12 Avon Avenue 11 Chestnut Street 02889 RΙ Warwick 02904 RI North Providence ecretary Name Robert Silverman Barry Fishback Street Address Street Address 12 Avon Avenue 11 Chestnut Street State 02889 RI 02904 Warwick RI North Providence 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Zip City State Ζip State Street Address Street Address CitsZipState 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Glass/Series Par Value Number of Shares This information is currently of record in the Office of the Secretary of Common None State. Changes require an additional filing. See Section 9 of 100 instruction sheet. 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. examined this report. Under penalty of perjury, I declare and affirm that I t and that all statements including any accompanying schedules and statemer contained herein are true and correct File Date Signanife Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08