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.	2. Name of Corporation			
159998	Brothers Gas, Inc.			
3. Street Address Principal Business Office		City	State	Zip
317 N. Broadway		Rumford	RI	02916
4. Business Phone No.	5. State of Incorporation			
401 434-3144	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Gasoline Service Station

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Loubnon Succar	11 Highview Avenue	West Roxbury	MA	02132

Vice President Name	Street Address	City	State	Zip
Arz Succar	11 Highview Avenue	West Roxbury	MA	02132

Secretary Name	Street Address	City	State	Zip
Charlie Succar	11 Highview Avenue	West Roxbury	MA	02132

Treasurer Name	Street Address	City	State	Zip
Loubnon Succar	11 Highview Avenue	West Roxbury	MA	02132

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Loubnon Succar	11 Highview Avenue	West Roxbury	MA	02132

Director Name	Street Address	City	State	Zip
Arz Succar	11 Highview Avenue	West Roxbury	MA	02132

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
3000	Common	0.01

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300	Common	0.01

THIS SECTION MUST BE COMPLETED

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.

[redacted] [redacted]

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.

[redacted] 2/14/11
Signature *Date*

Loubnon Succar
Print or Type Name

[redacted] President
Title

FILED
File Date FEB 18 2011
Check No. 1873
By: BY
FOR SECRETARY OF STATE USE ONLY