



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. 526508		2. Name of Corporation TOWER Hill GAS STATION INC	
3. Street Address Principal Business Office 4087 TOWER Hill ROAD		City WAKEFIELD	State RI
4. Business Phone No. 401-783-7210		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island Retail sale of motor fuel			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MICHAEL P. CASEY		Vice President Name MICHAEL P. CASEY	
Street Address 25 Yellow Birch Rd		Street Address 25 Yellow Birch Rd	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
Secretary Name MICHAEL P. CASEY		Treasurer Name MICHAEL P. CASEY	
Street Address 25 Yellow Birch Rd		Street Address 25 Yellow Birch Rd	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MICHAEL P. CASEY		Director Name	
Street Address 25 Yellow Birch Road		Street Address	
City NARRAGANSETT	State RI	City	State
Zip 02882		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 500	Class/Series STK
		Par Value \$ 0.0100	

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	NOV 01 2011
Check No.	193
By:	BY
FOR SECRETARY OF STATE USE ONLY	

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.

Signature **Michael P Casey** Date **10/31/11**
Print or Type Name **Michael P Casey**
Title **President**