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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 2012**

**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. 24624		2. Name of Corporation MUTUAL OIL CO., INC.			
3. Street Address Principal Business Office 863 CRESCENT ST			City BROCKTON	State MA	Zip 02302
4. Business Phone No. 508-583-5777		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island LIMITED LIABILITY CORPORATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD A RACHINS			Vice President Name STEPHEN B SHAER		
Street Address 863 CRESCENT ST			Street Address 863 CRESCENT ST		
City BROCKTON	State MA	Zip 02302	City BROCKTON	State MA	Zip 02302
Secretary Name STEPHEN B SHAER			Treasurer Name EDWARD A RACHINS		
Street Address 863 CRESCENT ST			Street Address 863 CRESCENT ST		
City BROCKTON	State MA	Zip 02302	City BROCKTON	State MA	Zip 02302
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EDWARD A RACHINS			Director Name STEPHEN B SHAER		
Street Address 863 CRESCENT ST			Street Address 863 CRESCENT ST		
City BROCKTON	State MA	Zip 02302	City BROCKTON	State MA	Zip 02302
Director Name ELEANOR C SHAER			Director Name		
Street Address 863 CRESCENT ST			Street Address		
City BROCKTON	State MA	Zip 02302	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 506	Class/Series COMMON	Par Value 0
			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.

**FILED**

File Date: JAN 12 2012

Check No.: W 82915

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.

Edward A. Rachins 1/6/12  
Signature Date

EDWARD A RACHINS  
Print or Type Name

PRESIDENT  
Title