



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>148521</b>		2. Exact name of the Corporation <b>U Save Gas, Inc.</b>			
3. Principal office address <b>469 Benefit Street</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
4. Business Phone No. <b>(401) 728-1605</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a gasoline station and convenience store business</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Joseph Roukoz</b>			Vice-President Name <b>Jean Claude Roukoz</b>		
Street Address <b>71 East Main Street</b>			Street Address <b>45 Lockwood Circle</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02724</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
Secretary Name <b>Jean Claude Roukoz</b>			Treasurer Name <b>Joseph Roukoz</b>		
Street Address <b>45 Lockwood Circle</b>			Street Address <b>71 East Main Street</b>		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02777</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Jean Claude Roukoz</b>			Director Name <b>Joseph Roukoz</b>		
Street Address <b>45 Lockwood Circle</b>			Street Address <b>71 East Main Street</b>		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02724</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
500		common		no par value	

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 **FEB 14 2012**

Check No **2105**

By **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

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 of Authorized Representative

**Joseph Roukoz**

Print or Type Name of Authorized Representative

Date **2/11/2012**