



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. 21472		2. Exact name of the Corporation Gasway Inc			
3. Principal office address 1500 Hempstead Turnpike		City East Meadow		State NY	Zip 11554
4. Business Phone No. 516-542-4900		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island Operation of Company Gas Station					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bjorn Aaserod			Vice-President Name		
Street Address 1500 Hempstead Turnpike			Street Address		
City East Meadow	State NY	Zip 11554	City	State	Zip
Secretary Name			Treasurer Name Lorenzo Cinque		
Street Address			Street Address 1500 Hempstead Turnpike		
City	State	Zip	City East Meadow	State NY	Zip 11554
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bjorn Aaserod			Director Name		
Street Address 1500 Hempstead Turnpike			Street Address		
City East Meadow	State NY	Zip 11554	City	State	Zip
Director Name Scott Karro			Director Name		
Street Address 1500 Hempstead Turnpike			Street Address		
City East Maedow	State NY	Zip 11554	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
			200	Common	No Par

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.

File Date

FEB 27 2012

Check No

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 of Authorized Representative

Date

Scott Karro CFO

Print or Type Name of Authorized Representative