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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.	2. Exact name of the Corporation		
000068831	Cyn Oil Corporation		
3. Principal office address: 100 Tosca Drive	City: Stoughton	State: MA	Zip: 02072
4. Business Phone No.: 781-344-0270	5. State of Incorporation: MA		

6. Brief description of the character of business conducted in Rhode Island
Business of environmental clean-up and disposal of waste products.

RECEIVED
2012 MAR 12 AM 8 46
SECRETARY OF STATE
CORPORATIONS DIV

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
J. Steven Tucci	55 Johnson Road	Winchester	MA	01890

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Laurie D. Lapworth	8 Arlington Road	Wareham	MA	02571

Treasurer Name	Street Address	City	State	Zip
J. Steven Tucci	55 Johnson Road	Winchester	MA	01890

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Albert Tucci	7 Wainwright Road, #13	Winchester	MA	01890
Laurie D. Lapworth	8 Arlington Road	Wareham	MA	02571

Director Name	Street Address	City	State	Zip
J. Steven Tucci	55 Johnson Road	Winchester	MA	01890

9. SHARES AUTHORIZED

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.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1176	CNP	$0.00

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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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MAR 12 2012
BY 165931 8:46

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.

X _____ 3/8/12
Signature of Authorized Representative — Date

J. Steven Tucci
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
74233-2-713387