



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b)(v) is subject to a penalty fee of \$25.00.

1. ID No. 523684	2. Exact name of the limited liability company A-STAR OIL, LLC
---------------------	---

3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island SALE OF HEATING FUEL
-----------------------------	---

5. Principal office address 1 LONG COURT	City CRANSTON	State RI	Zip 02920
---	------------------	-------------	--------------

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name ARTAK AVAGYAN	Contact Title MEMBER

Street Address 1 LONG COURT	City CRANSTON	State RI	Zip 02920
--------------------------------	------------------	-------------	--------------

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - **DO NOT LIST MEMBERS**
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)

Manager Name	Manager Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Manager Name	Manager Name
Street Address	Street Address
City	City
State	State
Zip	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

523684

FILED	
File Date	NOV 14 2012
Check No.	By: <i>[Signature]</i>
By:	1027
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.

<i>[Signature]</i>	11/8/2012
Signature of Authorized Person	Date
ARTAK AVAGYAN	
Print or Type Name of Authorized Person	