

**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 2009**

**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. <b>000143518</b>		2. Name of Corporation <b>SUN SHINE CONVENIENCE CORPORATION</b>			
3. Street Address Principal Business Office <b>5300 POST ROAD</b>			City <b>CFHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
4. Business Phone No. <b>401-413-5697</b>		5. State of Incorporation <b>RI</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>GAS &amp; CONVENIENCE</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)			FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name <b>SONAL PATEL</b>			Vice President Name		
Street Address <b>5300 POST ROAD</b>			Street Address		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City	State	Zip
Secretary Name <b>MARIA REGO</b>			Treasurer Name <b>TONY REGO</b>		
Street Address <b>176 BARK STREET</b>			Street Address <b>176 BARK STREET</b>		
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02723</b>	City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02723</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)			FILL IN SPACES BEFORE USING ATTACHMENTS		
Director Name <b>SONAL PATEL</b>			Director Name		
Street Address <b>AS ABOVE</b>			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>MARIA REGO</b>			Director Name		
Street Address <b>AS ABOVE</b>			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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 <b>20000.00</b>	Class/Series <b>STK</b>	Par Value <b>0</b>

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**

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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 \_\_\_\_\_ Date \_\_\_\_\_

**TONY REGO**

Print or Type Name

**TREASURER**

Title

File Date _____
Check No. _____
By: _____
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