



**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 2013**

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>21262</b>		2. Exact name of the Corporation <b>J&amp;D's West Kingston Service, Inc.</b>			
3. Principal office address <b>2 Williams Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401-331-2222</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Gas service station</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Jon A. LaChappelle</b>			Vice-President Name <b>Same</b>		
Street Address <b>P.O. Box 310</b>			Street Address		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City	State	Zip
Secretary Name <b>Same</b>			Treasurer Name <b>Same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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
			100	Common	1.00

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 DIVISION OF BUSINESS SERVICES

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

FILED  
 JAN 24 2013  
 188338

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.

*Jon A. LaChappelle*  
 Signature of Authorized Representative  
 1-18-13  
 Date

JON A. LACHAPPELLE  
 Print or Type Name of Authorized Representative

*Handwritten initials*