



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. 115185		2. Exact name of the Corporation INA Petroleum, Inc.			
3. Principal office address P O Box 3365			City Waterbury	State CT	Zip 06705
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Naveed Ahmad			Vice-President Name Naveed Ahmad		
Street Address P O Box 3365			Street Address P O Box 3365		
City Waterbury	State CT	Zip 06705	City Waterbury	State CT	Zip 06705
Secretary Name Naveed Ahmad			Treasurer Name Naveed Ahmad		
Street Address P O Box 3365			Street Address P O Box 3365		
City Waterbury	State CT	Zip 06705	City Waterbury	State CT	Zip 06705
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Naveed Ahmad			Director Name		
Street Address P O Box 3365			Street Address		
City Waterbury	State CT	Zip 06705	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1,000	common stock	no par value

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
 FEB 05 2013
 20276

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.

Naveed Ahmad *1-27-13*
 Signature of Authorized Representative Date
President NAVEED AHMAD
 Print or Type Name of Authorized Representative