



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. 794596		2. Exact name of the Corporation NEIGHBORHOOD GAS CORPORATION			
3. Principal office address 72 Exchange Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. (401) 728-4400			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island To own and operate a gasoline station & convenience store business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANTONIA DURAN			Vice-President Name EDUARDO DILONE		
Street Address 72 Exchange Street			Street Address 72 Exchange Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name EDUARDO DILONE			Treasurer Name ANTONIA DURAN		
Street Address 72 Exchange Street			Street Address 72 Exchange Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	NO PAR

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

File Date _____

Check No _____

By: _____

MAR 06 2013

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.

Eduardo Dilone 2/15/13
 Signature of Authorized Representative Date

EDUARDO DILONE

Print or Type Name of Authorized Representative

BY [Signature]
 29-191849