



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. 69021		2. Exact name of the Corporation FORTINI ENTERPRISES, LTC.			
3. Principal office address 1282 Elmwood Ave.			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-785-1860			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Generally deal with in every way a gasoline service station and convenience store.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert M. Fortini			Vice-President Name None.		
Street Address 1282 Elmwood Ave.			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Robert M. Fortini			Treasurer Name Robert M. Fortini		
Street Address 1282 Elmwood Ave.			Street Address 1282 Elmwood Ave.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert M. Fortini			Director Name		
Street Address 1282 Elmwood Ave.			Street Address		
City Cranston	State RI	Zip 02920	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
			100	COMMON	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

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.

FILED

Signature of Authorized Representative

3/6/13
Date

MAR 22 2013 Robert M. Fortini, President

Print or Type Name of Authorized Representative

BY 1106