



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** 2014

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. <u>10297</u>		2. Exact name of the Corporation <u>GENERAL OIL CO., INC.</u>	
3. Principal office address <u>208 GANSETT AVENUE</u>		City <u>CRANSTON</u>	State <u>R.I.</u>
4. Business Phone No. <u>401 942-6800</u>		5. State of Incorporation <u>RHODE ISLAND</u>	
6. Brief description of the character of business conducted in Rhode Island <u>RETAIL FUEL OIL, CAR WASH, GAS STATION</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>ANNE MARIE PETERUTI</u>		Vice-President Name <u>ANTHONY PETERUTI</u>	
Street Address <u>208 GANSETT AVENUE</u>		Street Address <u>208 GANSETT AVENUE</u>	
City <u>CRANSTON</u>	State <u>R.I.</u>	City <u>CRANSTON</u>	State <u>R.I.</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Secretary Name <u>ANTHONY PETERUTI</u>		Treasurer Name <u>ANNE MARIE PETERUTI</u>	
Street Address <u>208 GANSETT AVENUE</u>		Street Address <u>208 GANSETT AVENUE</u>	
City <u>CRANSTON</u>	State <u>R.I.</u>	City <u>CRANSTON</u>	State <u>R.I.</u>
Zip <u>02910</u>		Zip <u>02910</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address <u>NONE</u>		Street Address <u>NONE</u>	
City <u>NONE</u>	State <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>		Zip <u>NONE</u>	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address <u>NONE</u>		Street Address <u>NONE</u>	
City <u>NONE</u>	State <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>		Zip <u>NONE</u>	
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 <u>100</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>ZERO</u>	

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: \_\_\_\_\_

JAN 23 2014

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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.

Anne Marie Peteruti 1/20/14  
 Signature of Authorized Representative Date

ANNE MARIE PETERUTI  
 Print or Type Name of Authorized Representative

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