

## 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.	2. Exact na	me of the Corporation									
82958	Island	Island Service and Gas, Inc.									
3. Principal office address 392 Broadway			City <b>Providence</b>	State RI	Zip <b>02909</b>						
4. Business Phone No.		, where " is really \$10 - 10 have been re-	5. State of Incorporation Rhode Island								
6. Brief description of the ch gas/service station	aracter of busines	s conducted in Rhode Islan	d 1		. 1-8-6-1-2-1						
7. STALE OFFICERS (N	AMES AND ADD	HESSES) ("X" BOX FOR A	TACHMENT)								
President Name Ibrahim El-Hawi			Vice-President Name Ibrahim El-Hawi								
Street Address 392 Broadway			Street Address 392 Broadway								
City Providence	State <b>Ri</b>	Zip <b>02909</b>	City Providence	State RI	Zip <b>02909</b>						
Secretary Name Ibrahim El-Hawi			Treasurer Name Ibrahim El-Hawi								
Street Address 392 Broadway			Street Address 392 Broadway								
City Providence	State <b>Ri</b>	Zip <b>02909</b>	City Providence	State RI	Zip <b>02909</b>						
BELSTAL DIRECTORS (	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		4						
Director Name Ibrahim El-Hawi			Director Name								
Street Address 392 Broadway			Street Address								
City Providence	State RI	Zip <b>02909</b>	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
Dity	State	Zip	City	State	Zip						
SHARES AUTHORIZED		l Mariana da la Maria da la	10. SHARES ISSUE	D.("X" BOX EOH ATTAC	HMENT)						
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
his information is currently of record in the Office of the Secretary f State. Changes require an additional filling. ee Section 9 of instruction sheet.		1,000	common stock	no par value							
This report must be execute	ed on behalf of the this report mu	corporation by an authorize st be executed on behalf of	d representative. If the the corporation by the r	 corporation is in the hand receiver or trustee.	ls of a receiver or trustee						

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JAN 2 8 2014

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.

Signature of Authorized Representative

-26-2014

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012