

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501(c&					ner we time prescribed by
1. Corporate ID No. 143620	2. Name of Corpo Quicket's In	ration IC.			
3. Street Address Principal Business Office 285 George Washington Highway			City Smithfield	State RI	<i>2ip</i> 02917
4. Business Phone No. 5. State of Inco 401 233-9091 Rhode Isl			ration		
6. Brief Description of the Chart Gas Station and Conve	acter of Business Conducte	ed in Rhode Island			
7. NAMES AND ADDRES		ERS: ("X" BOX FOR A	TTACHMENT) [FILL IN	SPACES BEFORE USING	G ATTACHMENTS
President Name Joseph Accaoui			Vice President Name Deeb Tannous		
Street Address 10 Grandstand Drive			Street Address 6 City View Circle		
Cuy Lincoln	State RI	^{Zip} 02865	City North Providence	State RI	Zip 02904
Secretary Name Deeb Tannous			Treasurer Name Joseph Accaouì		
Street Address 6 City View Circle			Street Address 10 Grandstand Drive		
North Providence	State RI	^{Zip} 02904	Gity Lincoln	State RI	<i>7.ip</i> 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name Joseph Accaoui			TTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Deeb Tannous		
Street Address 10 Grandstand Drive			Street Address 6 City View Circle		
City	State	Zip	City	State	Zip
Lincoln Director Name	JRI	02865	North Providence Director Name	RI	02904
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	No Par	200	common	No Par
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
This report must be execut this report must be execut	ted on behalf of the ed on behalf of the c	corporation by an author orporation by the receiv	rized representative. If the co	orporation is in the hand	s of a receiver or trustee,
		FILED	including any accor	mpanying schedules and sta	that I have examined this report, atements, and that all statements
File Date		JAN 2 8 201	contained berein or	e true and correct.	x 1/25/14
Check No.	BY	331	O Signature		Date
Ву:		1	Joseph Accae	oui 💆	
FOR SECRETARY OF STATE LIST ONLY		-	President		

Title