



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. 115615		2. Exact name of the Corporation FLEET MASTER, INC.			
3. Principal office address 12 Hylestead Road		City Providence	State RI	Zip 02905	
4. Business Phone No. (401) 467-6510		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island To sell commercial diesel fuel and gasoline					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Curtis C. Gower			Vice-President Name Wendy A. Hawkins		
Street Address 32 Methyl Street			Street Address 12 Hylestead Road		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02905
Secretary Name Curtis C. Gower			Treasurer Name Curtis C. Gower		
Street Address 32 Methyl Street			Street Address 32 Methyl Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Curtis C. Gower			Director Name None		
Street Address 32 Methyl Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			200	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.

FILED

File Date _____

Check No _____

By: _____

BY 6104

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.

C. Gower

Signature of Authorized Representative

Date

Curtis C. Gower, President

Print or Type Name of Authorized Representative