



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 159998		2. Name of Corporation Brothers Gas, Inc.			
3. Street Address Principal Business Office 317 N. Broadway			City Rumford	State RI	Zip 02916
4. Business Phone No. 401 434-3144		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Gasoline Service Station					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Loubon Succar			Vice President Name Arz Succar		
Street Address 11 Highview Avenue			Street Address 11 Highview Avenue		
City West Roxbury	State MA	Zip 02132	City West Roxbury	State MA	Zip 02132
Secretary Name Charlie Succar			Treasurer Name Arz Succar		
Street Address 11 Highview Avenue			Street Address 11 Highview Avenue		
City West Roxbury	State MA	Zip 02132	City West Roxbury	State MA	Zip 02132
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Loubnon Succar			Director Name Arz Succar		
Street Address 11 Highview Avenue			Street Address 11 Highview Avenue		
City West Roxbury	State MA	Zip 02132	City West Roxbury	State MA	Zip 02132
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000	Common	0.01	300	Common	0.01

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

MAR 18 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.

Signature: [Signature] Date: 3/1/14

Loubnon Succar

Print or Type Name

President

Title

File Date _____
Check No. _____
By: _____
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