

1. Entity ID No.

Street Address

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

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

2. Exact name of the Corporation

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2015
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Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

112023	Sam	s community s	service Station, in	ic.		
Principal office address		City	State	Zip		
2 Mount Pleasant Avenue			Providence	RI	02908	
4. Business Phone No.			5. State of Incorporation	5. State of Incorporation		
(401) 831-927	8		RHODE ISLAND			
MOTOR VEHICLE OILS, GREASE,	S OF ALL KIND ANTI-FREEZE,	S; TO SELL PA TIRES, ETC.	and TO ENGAGE IN THI ARTS RELATED TO SUC			
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRE	SSES) ("X" BOX FOR	RATTACHMENT)			
President Name SAMIR MELKOUN			Vice-President Name PATRICIA A. MELKOUN			
Street Address			Street Address			
550 Pippin Orchard Road			550 Pippin Orchard Road			
City	State	Zip	City	State	Zip	
Cranston	RI	02921	Cranston	RI	02921	
Secretary Name PATRICIA A. MELKOUN		Treasurer Name SAMIR M	Treasurer Name SAMIR MELKOUN			

Street Address

550 Pippin Orchard Road 550 Pippin Orchard Road City State Zip City State Zip 02921 Cranston RI Cranston RΙ 02921 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Director Name SAMIR MELKOUN PATRICIA A. MELKOUN Street Address Street Address 550 Pippin Orchard Road 550 Pippin Orchard Road City State City State Zip 02921 Cranston RI Cranston 02921 RΙ Director Name Director Name Street Address Street Address City State Zip City State Zip 9. SHARES AUTHORIZED 8,000; Common; \$0.01 Par 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES This information is currently of record in the Office of the Secretary 200 Common \$0.01 of State. Changes require an additional filing. See Section 9 of instruction sheet.

This report must be ex-	ecuted on behalf of the composition by an authorize this report must be executed or behalf of	zed representative. If the corporation is in the hands of a re of the corporation by the receiver or trustee.	ceiver or trustee,	
File Date	FEB 0 5 2015	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.		
By:	BY_ 3010	Signature of Authorized Representative	1/29/15 Date	
FOR SECRETARY OF STATE USE ONLY		SAMIR MELKOUN		

Form No. 630 Revised: 01/2012