



**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 2015**

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.<br><b>14505</b>   |                    | 2. Exact name of the Corporation<br><b>Vics Texaco Station, Inc.</b> |   |                     |                     |
| 3. Principal office address<br><b>424 Maple Avenue</b>   |                    | City<br><b>Barrington</b>  | State<br><b>RI</b>  | Zip<br><b>02806</b> |                     |
| 4. Business Phone No.<br><b>401 245 9439</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>                     |   |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Gasoline, minor repairs</b>  |                    |  |   |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                     |                     |
| President Name<br><b>Victor Teixeira</b>   |                    |  | Vice-President Name   |                     |                     |
| Street Address<br><b>5 Josal Drive</b>   |                    |  | Street Address  |                     |                     |
| City<br><b>Barrington</b>  | State<br><b>RI</b> | Zip<br><b>02806</b>  | City  | State               | Zip                 |
| Secretary Name<br><b>Dorothy Andreozzi</b>   |                    |  | Treasurer Name<br><b>Mary Teixeira</b>                              |                     |                     |
| Street Address<br><b>8 Josal Drive</b>   |                    |  | Street Address<br><b>5 Josal Drive</b>                              |                     |                     |
| City<br><b>Barrington</b>  | State<br><b>RI</b> | Zip<br><b>02806</b>  | City<br><b>Barrington</b>   | State<br><b>RI</b>  | Zip<br><b>02806</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                     |                     |
| Director Name<br><b>None</b>   |                    |  | Director Name<br><b>None</b>  |                     |                     |
| Street Address   |                    |  | Street Address  |                     |                     |
| City   | State              | Zip  | City  | State               | Zip                 |
| Director Name<br><b>None</b>   |                    |  | Director Name<br><b>None</b>  |                     |                     |
| Street Address   |                    |  | Street Address  |                     |                     |
| City   | State              | Zip  | City  | State               | Zip                 |
| 9. SHARES AUTHORIZED   |                    |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |                     |
| 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           |
|  |                    |  | None  |                     |                     |
|  |                    |  |   |                     |                     |

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FILED**

FOR SECRETARY OF STATE USE ONLY

**MAR 02 2015**

**BY**

**8196**

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.

**Mary C. Teixeira** **2/20/15**  
Signature of Authorized Representative Date

**Mary C. Teixeira**

Print or Type Name of Authorized Representative