



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 24100		2. Name of Corporation Abedon-Butwin Oil Company			
3. Street Address Principal Business Office 1445 WAMPONGAG TRAIL SUITE 202		City EAST PROVIDENCE	State R.I.	Zip 02915	
4. Business Phone No. 401-4937-0808		5. State of Incorporation RHODE ISLAND			6. SIC Code 1522
7. Brief Description of the Character of Business Conducted in Rhode Island OIL AND GAS DEVELOPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD L. ABEDON			Vice President Name NORMAN P. HABIB		
Street Address 12904 MINNER WAY			Street Address 53 ANDERSON AVE		
City MILFORD	State CT.	Zip 06454	City WARWICK	State R.I.	Zip 02882
Secretary Name JEROME T. BUTWIN			Treasurer Name NORMAN P. HABIB		
Street Address 2424 NORTH FEDERAL HIGHWAY			Street Address SAME		
City MILFORD	State CT.	Zip 06454	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD L. ABEDON			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		8000	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2-22-05

Check No. 1528

By: [Signature]

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.

Signature of Officer [Signature] Date 2-17-05

Print or Type Name of Officer NORMAN P. HABIB

Title of Officer V.P.