



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
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
1945 WAMPANOAG TRAIL SUITE #202
4. Business Phone No. **401-437-0808** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
OIL DEVELOPMENT

City **EAST PROVIDENCE** State **R.I.** Zip **02915**
6. SIC Code **1522**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **RICHARD L. ABEDON**
Street Address **3215 SANTA BARBARA DRIVE**
City **WELLS RIVER** State **FLORIDA** Zip **33414**
Secretary Name **TERENCE T. BUTWIN**
Street Address **2424 NORTH FEDERAL HIGHWAY**
City **Boca RATON** State **FLORIDA** Zip **33431**

Vice President Name **NORMAN P. HABIB**
Street Address **53 ANDERSON AVE**
City **WARWICK** State **R.I.** Zip **02880**
Treasurer Name **NORMAN P. HABIB**
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **RICHARD L. ABEDON**
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series 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



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File Date: **1-20-03**

Check No.: **1493**

By: **UP**

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 **Norman P. Habib** Date **1-20-03**
Print or Type Name of Officer **NORMAN P. HABIB**
Title of Officer **V.P.**