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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 24100

2. Name of Corporation Abedon-Butwin Oil Company

3. Street Address Principal Business Office 1445 WAMPANOAG TRAIL SUITE #202 — *City* EAST PROVIDENCE — *State* R.I. — *Zip* 02915

4. Business Phone No. 401-437-0808

5. State of Incorporation RHODE ISLAND

6. SIC Code 1522

7. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE

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 WELLINGTON *State* FLORIDA *Zip* 33414

Vice President Name NORMAN P. HABIB
Street Address 53 ANDERSON AVE
City WARWICK *State* R.I. *Zip* 02888

Secretary Name JEROME T. BUTWIN
Street Address 2424 NORTH FEDERAL HIGHWAY
City BOCA RATON *State* FLORIDA *Zip* 33431

Treasurer Name NORMAN P. HABIB
Street Address 53 ANDERSON AVE
City WARWICK *State* R.I. *Zip* 02888

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*

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

24100

File Date: 2/21/02

Check No.: 1475

By: JC

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.

Norman P. Habib — *Signature of Officer* — 2-20-02 *Date*

NORMAN P. HABIB
Print or Type Name of Officer

V.P.
Title of Officer

Form 630 12/01