



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

**OIL & GAS DEVELOPMENT**

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**

Secretary Name

**NORMAN P. HABIB**

Street Address

**53 ANDERSON AVE**

City **WARWICK**

State **R.I.**

Zip **02888**

Vice President Name

**NORMAN P. HABIB**

Street Address

**53 ANDERSON AVE**

City **WARWICK**

State **R.I.**

Zip **02888**

Treasurer Name

**FEROME T. BUTWIN**

Street Address

**2424 FEDERAL HIGHWAY**

City **BOCO RATON**

State **FLORIDA**

Zip **33431**

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 VAL**

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



\* 2 4 1 0 0 \*

File Date: 1/9

Check No.: 1455

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]  
Signature of Officer

1-8-01  
Date

NORMAN P. HABIB  
Print or Type Name of Officer

V.P.  
Title of Officer