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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 2016

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.	2. Exact name of the Corporation
65606	R B Howes & Co. Inc.

3. Principal office address	City	State	Zip
60 Ocean State Drive	North Kingstown	RI	02852

4. Business Phone No.	5. State of Incorporation
294-5500	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
Sale and marketing company for automotive fuel conditions

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Robert B. Howes	Robert B. Howes
Street Address: 60 Ocean State Drive	Street Address: 60 Ocean State Drive
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852
Secretary Name: Robert B. Howes	Treasurer Name: Robert B. Howes
Street Address: 60 Ocean State Drive	Street Address: 60 Ocean State Drive
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Robert B. Howes	Robert B. Howes II
Street Address: 60 Ocean State Drive	Street Address: 6 Ocean State Drive
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852
Director Name: Deborah Howes	Director Name:
Street Address: 60 Ocean State Drive	Street Address:
City: North Kingstown, State: RI, Zip: 02852	City:, State:, Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	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.

FILED
JAN 19 2016

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY BY 36531

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 Authorized Representative — Date: 1/12/16

Robert B. Howes, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

131346-9-1101793