



**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

**2016**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>137585</b>		2. Exact name of the Corporation <b>MANCINI'S SERVICE STATION, INC.</b>		
3. Principal office address <b>1191 Hartford Avenue</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>(401) 831-5360</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>BUYING AND SELLING GASOLINE, PETROLEUM PRODUCTS AND OTHER SUPPLIES OF EVERY KIND AND NATURE RELATING TO MOTOR VEHICLES.</b>				
President Name <b>Agnes A. Mancini</b>		Vice-President Name <b>Anthony G. Mancini</b>		
Street Address <b>69 Orchard Meadows Drive</b>		Street Address <b>266 Scituate Avenue</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Cranston</b>	State <b>RI</b>
Secretary Name <b>Agnes A. Mancini</b>		Treasurer Name <b>Agnes A. Mancini</b>		
Street Address <b>69 Orchard Meadows Drive</b>		Street Address <b>69 Orchard Meadows Drive</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ALL OF THEM) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <input type="checkbox"/>				
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		600	COMMON	NO PAR VALUE

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.

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.

*Agnes A. Mancini* January 29, 2016  
Signature of Authorized Representative Date  
**AGNES A. MANCINI**

Print or Type Name of Authorized Representative

File Date: \_\_\_\_\_  
Checked By: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
**FEB 01 2016**  
By *KL 17218*