



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. 137585		2. Exact name of the Corporation MANCINI'S SERVICE STATION, INC.		
3. Principal office address 1191 Hartford Avenue		City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 831-5360		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island BUYING AND SELLING GASOLINE, PETROLEUM PRODUCTS AND OTHER SUPPLIES OF EVERY KIND AND NATURE RELATING TO MOTOR VEHICLES.				
President Name Agnes A. Mancini		Vice-President Name Anthony G. Mancini		
Street Address 69 Orchard Meadows Drive		Street Address 266 Scituate Avenue		
City Smithfield	State RI	Zip 02917	City Cranston	State RI
Secretary Name Agnes A. Mancini		Treasurer Name Agnes A. Mancini		
Street Address 69 Orchard Meadows Drive		Street Address 69 Orchard Meadows Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI
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*