



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. 105261		2. Exact name of the Corporation Scituate Fuel Island, Inc.			
3. Principal office address 1375 Warwick Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. 401-463-5600			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island to sell fuel at wholesale or retail or in any manner deal in petroleum products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barbara A. D'Allesandro			Vice-President Name Donna Rescio		
Street Address 90 Peeptoad Road			Street Address 6 Heath Street		
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
Secretary Name Barbara A. D'Allesandro			Treasurer Name Walter Karspeck		
Street Address 90 Peeptoad Road			Street Address 26 Greenhill Road		
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Barbara A. D'Allesandro			Director Name Donna Rescio		
Street Address As above			Street Address As above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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
			500	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.

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

FILED *or*
FEB 10 2016
 174

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.

Barbara A. D'Allesandro
 Signature of Authorized Representative Date **1/27/16**
Barbara A. D'Allesandro
 Print or Type Name of Authorized Representative