



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. **10901** 2. Name of Corporation **Ginger's Service Station, Inc.**

3. Street Address Principal Business Office

104 Oak Street

4. Business Phone No.

(401) 596-4221

City

Westerly

State

RI

Zip

02891

5. State of Incorporation
RHODE ISLAND

6. SIC Code
3558

7. Brief Description of the Character of Business Conducted in Rhode Island

Gasoline service station; sale of petroleum products and related services

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Eugene J. Gencarelli, Jr.

Street Address

104 Oak Street

City

State

Zip

Westerly

RI

02891

Secretary Name

Jeannine M. Gencarelli

Street Address

Same

City

State

Zip

Vice President Name

Jeannine M. Gencarelli

Street Address

104 Oak Street

City

State

Zip

Westerly

RI

02891

Treasurer Name

Eugene J. Gencarelli, Jr.

Street Address

Same

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Eugene J. Gencarelli, Jr.

Street Address

Same

City

State

Zip

Director Name

Jeannine M. Gencarelli

Street Address

Same

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

300 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Shares

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 9 0 1 *

FILED

File Date: **MAR 22 2001**

Check No.: **By CE 13446**

By: **u**

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.

Eugene J. Gencarelli, Jr. 3/21/01
Signature of Officer Date

Eugene J. Gencarelli, Jr.
Print or Type Name of Officer

President
Title of Officer