

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 190 North Main Street Providence, RI 02903-1335 101,222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2005

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) Gorporate II) X Name of cooperation 11301 Town Line Service, Inc. Street Address Principal Business Office 1232 Douglas North Prov RI 02904 State of Incorporation 401-353-6610 RHODE ISLAND 3558 WHOLESALE/RETAIL SALES OF CASSEINE AND OIL, ALONG WITH SERVICE/REPAIR AND TOWING OF AUTOMOBILES 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Vana 02865 ZipMOCOLI 02865 COLN | I∠ L | OLY W ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 02865 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address GH1Statio Zip State Director Name Street Address Street Address State ZipCitr State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Number of Shares Class Series Par Value 100 NO PAR VALUE none This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02003-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) Lecaporate II) No 2. Name of Corporation 11301 Town Line Service, Inc. 3 Street Address Principal Business Cyfice <u>1232 Douglas Avenue</u> F3 02904 5 State of Incorporation 6 SIC Cinle <u>(401)</u> 353-6610 RHODE ISLAND Brief Description of the Character of Business Conducted in Rhode Islan 3558 WHOLESALE/RETAIL SALES OF GASOLINE AND OIL, ALONG WITH SERVICE/REPAIR AND TOWING OF AUTOMOBILES 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Xame <u>Kenneth W. Smith Jr</u> <u>Kenneth W</u>.Smith Sr. Street Address Street Address <u>Jason Dr</u>ive 6 Kendall Drive Cin StateLincoln L...B...I., 1..02865. L.B.I. 102865 Street Address State Citr State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address bone Street Address Citi Ζip Citr Statte Zip Street Address Street Address Tin: Statte City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class Series Par Value 100 NO PAR VALUE <u>none</u> This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.) PareTH Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No.

2. Name of Corporation

11301

Town Line Service, Inc.

3. Street Address Principal Business Office

401

1232 Douglas AVE.

5. State of Incorporation

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island Towing + Repair serv.

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

Kenneth W. SMITH JR.

Secretary Name

Nort Providence

Kenneth w Smith Sr. b Kendal Drive

3558

Street Address Street Address

City

State

City

State

Zip

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

Street Address

Citv

State

Zip

Street Address

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

Drone

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



Check No.:

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

Title of Offi

Form 630 12/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 11301 Town Line Service, Inc. 3. Street Address Principal Business Office North Providence RΙ 02904 1232 Douglas Avenue 4. Business Phone No. 5. State of Incorporation 6. SIC Code Rhode Island (401) 353-9810 3558 7. Brief Description of the Character of Business Conducted in Rhode Island Wholesale/retail sales of gasoline and oil, along with service/repair and towing of autos. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Kenneth W. Smith, Jr. Kenneth W. Smith, Sr. Street Address Street Address 10 Jason Drive 6 Kendall Drive City State State Lincoln RI 02865 Lincoln RΙ 02865 Secretary Name Treasurer Name Kenneth W. Smith, Sr. Kenneth W. Smith, Jr. Street Address Street Address 6 Kendall Drive 10 Jason Drive City City State RΙ 02865 Lincoln RΙ 02865 Lincoln 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address CItvZip City State Zip Director Name Director Name Street Address Street Address

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

ISSUED SHARES

Number of Shares

"NONE "

Zip

Par Value

: Date:	5-8-02	
ick No.:	1476	
	Ž.	

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

Class/Series

AUTHORIZED SHARES

100 NO PAR VALUE

Number of Shares

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 Officer Date

State

Class/Series

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

Zip

Par Value

Kenneth W. Smith, Jr.
Print or Type Name of Officer

President/Treasurer

litle of Officer

Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1	•	Filing Fee: \$50.00	
(FORM MUST BE TYPED IN BLACK)			

1. Corporate ID No.

2. Name of Corporation

11301

Town Line Service, Inc.

3. Street Address Principal Business Office

1232 Douglas Avenue

5. State of Incorporation

RHODE ISLAND

401-353-6610 K 7. Brief Description of the Character of Business Conducted in Rhode Island

venicle repairs + Towing SERVICES	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)	FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Kenneth W. Smith Jr.

1232 Douglas Ave.

North Prov.

02904

Kenneth W. Smith Jr.

Street Address

Zame

City

Vice President Name Kenneth W. Smith Sr.

1232 Douglas Ave

North Providence

North Prov.

02904

02904

3558

Kenneth W. Smith Sr.

Director Name

Street Address

same

State

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

Street Address

City

Director Name

Street Address

City

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

Number of Shares 100 NO PAR VALUE State

State

Class/Series

Zip

Par Value

City

State

Director Name Street Address

City

5tate

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



11.2002

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 atements contained herein are true and correct.

KENNETH WOMITH JR

-(₹<u>₹</u>> 5

Form 630 12/01

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

IN BLACK)				
	e service, Inc.	City	State	Zip
as Avenue 9810	` <u>.</u>	North Provide		02904 6. SIC Code 3558
	in Rhode Island			
DRESSES OF THE OFF		ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	
ht Street		Street Address		
State RI	^{Zip} 02908	Providence	State RI	^{Zip} 02908
Smith, Sr.		Treasurer Name Kenneth W. Sm	ith, Jr.	र
ter Street		Street Address 59 Wainright S	Street	
RI RI	^{Zip} 02908	Providence	State RI	^{Zip} 02908
DRESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	TACHMENTS
		Street Address		
State	Zip	City	State	Zip
		Director Name		Δ
		Street Address		
State	Zip	City	State	Zip
RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMEN	T)
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
LUE		"NONE"		
	2. Name of Corpor Town Lin usiness Office as Avenue 9810 naracter of Business Conducted retail säles of DRESSES OF THE OFF Smith, Jr. tht Street State RI Smith, Sr. ter Street State RI DRESSES OF THE DIR State State State State Class/Series	2. Name of Corporation Town Line Service, Inc. usiness Office as Avenue 9810 State of Incorporation RHODE ISLA retail sales of gasoline and oil presses of the Officers ("X" BOX FOR ATT. Smith, Jr. tht Street State RI O2908 Smith, Sr. ter Street State RI O2908 ORESSES OF THE DIRECTORS ("X" BOX FOR ATT. State RI O2908 State Zip O2908 ORESSES OF THE DIRECTORS ("X" BOX FOR ATT. State Zip RI O2908 ORESSES OF THE DIRECTORS ("X" BOX FOR ATT. State Zip RI State Zip	2. Name of Corporation Town Line Service, Inc. as Avenue S. State of Incorporation RHODE ISLAND Avenue 9810 RHODE ISLAND Average of Business Conducted in Rhode I	2. Name of Corporation Town Line Service, Inc. usiness Office as Avenue State of Incorporation RHODE ISLAND naracter of Business Conducted in Rhode Island retail såles of gasoline and oil, along with service/repair and DRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) Smith, Jr. Kenneth W. Smith, Sr. Street Address TRI DO2908 Treasurer Name Kenneth W. Smith, Jr. Street Address To Wainright Street State RI DRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address State Zip City State Director Name Street Address State Zip City State State Zip City State State Zip City State State Zip City State Director Name Street Address State Zip City State City City State City State City City State City City State City City City City State City City City City City City City City Cit

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

-	* 1 1 3 0 1 *	Under penalty of perjury, I declare and this report, including any accompanying that all statements contained herein ar
File Date:	11920	Signature of Officer
Check No.:	20	Print or Type Name of Officer
FOR SECRETARY	OF STATE USE ONLY	Title of Officer

affirm that I have examined ng schedules and statements, and



100 SHS NO PAR VAL

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

AMENDED REPORT

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corpore				
11301 3. Street Address Principal Bus		ine Service, Inc	. City	State	Zip
1232 Douglas 1	Avenue	5. State of Incorporati	North Providence	RI	02904 6. SIC Code
(401) 353-9810 7. Brief Description of the Char		Rhode Is in Rhode Island	land		3558
Wholesale/retai 8. NAMES AND ADDI President Name	l sales of gasc RESSES OF THE OFF	oline and oil, a ICERS ("X" BOX FOR ATT	long with service/repa FACHMENT) Vice President Name	ir and towing o	of automobiles
Kenneth W. Smit	th, Jr.		Kenneth W. Smith Street Address	, Sr.	
59 Wainright St	treet State	Zip	78 Gloucester Str	eet State	Zip
Providence Secretary Name	RI	02908	Providence Treasurer Name	RI	02908
Kenneth W. Smit	th, Sr.		Kenneth W. Smith, Street Address	Jr.	
78 Gloucester S	Street		59 Wainright Stre	et	
City	State	Zip	City	State	Zip
Providence	RI	02 9 08	Providence	RI	02908
9. NAMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" BOX FOR A	ATTACHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	_ Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	emoths y com
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

"NONE"

	Under penalty of perjury, I declare and affirm that I have examined
1	this report, including any aggompanying schedules and statements, and
	that all statements contained herein are true and correct.
File Date: DiffU	1 Kennoth wmith 115-15-00
C 1/6 2 9	Signature of Officer Date
Check No.:	Kenneth W. Smith, Jr.
	Print or Type Name of Officer
Ву:	President/Treasurer
FOR SECRETARY OF STATE USE ONLY	
	Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2000**

Filing Period: January 1-March 1 🔹 Filing Fee: \$50.00	
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	(FORM MUST BE TYPED IN BLAC
--	-----------------------------

1. Corporate ID No.

2. Name of Corporation

11301

Town Line Service, Inc.

3. Street Address Principal Business Office

State RI

1232 Douglas Avenue 4. Business Phone No.

5. State of Incorporation

02904

North Providence

6. SIC Code 3558

(401) 353-9810

RHODE ISLAND

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

Wholesale/retail sales of gasoline and oil, along with service/repair and towing of automobiles 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Theresa M. Smith Kenneth W. Smith, Jr. Street Address Street Address 78 Gloucester Street 59 Wainright Street City 02908 RΙ RΙ 02908 Providence Providence Secretary Name Treasurer Name Kenneth W. Smith, Jr. Theresa M. Smith Street Address Street Address 59 Wainright Street 78 Gloucester Street Zip City 02908 RΙ RΙ 02908 Providence Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City City State Zip State ZipDirector Name Director Name Street Address Street Address City City State ZipState Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES

100 SHS NO PAR VAL

Number of Shares

ISSUED SHARES

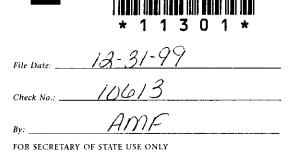
Number of Shares

Class/Series

Par Value

"NONE"

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



Class/Series

Par Value

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.

<u>Kenneth W. Smith, Jr</u>

President/Treasurer Title of Officer

Print or Type Name of Officer



James K. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Filing Perioa: Januar)	y 1-waren 1	Tining Tee. \$30.00			
FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No. 11301	2. Name of Curpora Town Line	tion Service, Inc.			
3. Street Address Principal Business 1232 Douglas			North Providen	ce RI	02904
4. Business Phone No.		5. State of Incorporation			6. SIC Cade 3558
(401) 353-9810 7. Brief Description of the Characte Wholesale/retai	er of Business Conducted i	n Bhoda Island	along with service	/repair and tow	wing of automobiles
8. NAMES AND ADDRESS President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTA	CHMENTS
Kenneth W. Smit	h, Jr.		Theresa M. Si Street Address	mith	
59 Wainright St	reet State	Zip	78 Glouceste	r Street State	Zip
Providence Secretary Name	RI	02908	Providence Treasurer Name	RI	02908
Theresa M. Smit	h		Kenneth W. S	mith, Jr.	
78 Gloucester S	treet State	Zip	59 Wainright Str	eet State	Zip
Providence	RI	02908	Providence	RI es before using at	02908
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	25 BEFORE USING AT	IACIMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	CACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHME	NT)
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

100 SHS NO PAR VAL

None

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

* 1 1 3 0 1 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying softedules and statements, and
File Date:	that all statements contained herein are true and correct. Symptom of Officer Symptom of Officer
By:	Print of Type Name of Officer Title of Officer



Town Line Service, Inc.

11301

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

Zin

Par Value

State

401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No.

City

11100		3.27	•	•
ıe	5. State of Incorporation	North Providence	RI	02904 6. SIC Code
f Rusiness Conducted in Rh	RHODE ISLAND			3558
		ong with carvice/ren	air and to	wing of automobile
- -	·	-	all and to	wing of automobiles
Ly of THE Office.	its (A Bon Ton minon	Vice President Name		
Jr.		Theresa M. Smith		
TEL 10 JASON	DR.		et G Ken	CALL ZPR
RI	02008 02865	Providence, L'N COL	∀ RI	12908 02865
		Kenneth W. Smith,	Jr.	
- ret		50 Wainwright Stra	a+	
State	Zip	City	State	Zip
RI	02908	P roviden ce	RI	02908
		CHMENT)		
		Director Name		
		Street Address		
State	Zíp	City	State	Zip
		Director Name		
		Street Address		
State	Zip	City	State	Zip
	sales of gases es of the office Jr. Fet O JASON RI Fet State RI ES OF THE DIRECT	THODE ISLAND RHODE ISLAND F Business Conducted in Rhode Island Sales of gasetime and oil, alc ES OF THE OFFICERS ("X" BOX FOR ATTACHE Jr. FET OASON DR. RI 02208 02865 FET State Zip RI 02908 ES OF THE DIRECTORS ("X" BOX FOR ATTACHE State Zip State Zip	RHODE ISLAND f Business Conducted in Rhode Island sales of Gascine and oil, along with service/rep ES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Theresa M. Smith Street Address 78 Gloucester Stree City RI O2008 O2565 RI Providence Kenneth W. Smith, Street Address State Zip RI O2908 Providence Street Address State Zip City Director Name Street Address Street Address	RHODE ISLAND ### HODE ISLAND ### Business Conducted in Rhode Island ### Bales of ### and oil, along with service/repair and to the service of the OFFICERS (*X* BOX FOR ATTACHMENT) ### Use President Name ### Theresa M. Smith ### Street Address ### Address ### State ### Theresa M. Smith ### Street Address ### Address ### Providence RI ### Street Address ### State ### Theresa M. Smith ### Street Address ### Address ### State ### Theresa M. Smith ### Street Address ### Address ### Street Address ### Street Address ### Street Address ### Street Address #### Street Address #### Street Address #### Street Address

100 SHS NO PAR VAL

AUTHORIZED SHARES

Number of Shares

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

	* 1 1 3 0 1 *
File Date:	7.5.78
Check No.:	8778
By:	\ \ \ \ \
FOR SECRETAR	Y OF STATE USE ONLY

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

Class/Series

Par Value

Under penalty of perjury, I destare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Kenneth W. Smith, Jr.

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

Number of Shares Mone Class/Series

Print or Type Name of Officer

President/Treasurer
Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

• • • •					
PROFIT COR			REPORT 199	7	STOP: PLEASE READ INSTRUCTIONS BEFORE
(FORM MUST BE TYPED IN BL	ACK)				COMPLETING THIS FORM
1. Corporate ID No.	2. Name of Corpor	ation			
11301		Service, Inc.	1	G	71.
3. Street Address Principal Busines			City	State	00001
1232 POUG-LA 4. Business Phone No.		5. State of Incorporatio		K.J	0 2 9 0 4 6. SIC Code 3.558
401-353-6 7. Brief Description of the Charact	Colo er of Business Conducted	RHODE ISLA in Rhode Island	ND		3300
TOWING + R. 8. NAMES AND ADDRES	PAIRING SSES OF THE OFF	ICERS ("X" BOX FOR ATTA	ACHMENT)		
President Name	-		Vice President Name		
KENNETH U Street Address	Smith	 ア	Street' Address	M SMITH	
59 WAINWRIG	HT ST	02908	THE GLOUCE City FROM	ESTER ST State RI	Zip
PROU RI Secretary Name			Treasurer Name		
THERESA M	SMITH		KENNE F. Street Address	of a Smit	H TR _
18 FLOUCESTER	\$ J	Zip	City	WRIGHT S	Zip 1
FPROV 9. NAMES AND ADDRES	RI	32908	PRIV	RI	^{zip} 0 2 9 08
9. NAMES AND ADDRES Director Name	SSES OF THE DIK	ECTORS (A BOAFORA)	Director Name		
Street Address			Street Address		
City	State	Zìp	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Zity	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED AND ISSUED ("X" BOX FOR ATTACHMENT	,		
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
inner of ounce	514007 047112		,		
100 SHS NO PAR VA	AL		100	Common	No An Vine

his report must be signed in ink by either the President,	. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
* 1 1 3 0 1 *	Under penalty of perjury, I declare and affirm that I have examined
File Date: JUG9	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Lemeth whith \(\mathbb{\chi} = 12-2-96 \)
Check No.: 1034	Signature of Officer LENNETH WSMITH JR Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

PROFIT CORPORATON ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1–March 1 Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK. 2 NAME OF CORPORATION 1 CORPORATE ID NO. Town Line Service, Inc. 0011301 STATE 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE No. Providence, RI 1232 Douglas Avenue 6. SIC CODE 5. STATE OF INCORPORATION 4. BUSINESS PHONE NO. 3558 (401) 353-9810 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND.
Wholesale and retail sales of gasoline and oil, along with service and repair of automobiles. THE OFFICERS 0 F ADDRESSES 8. NAMES VICE PRESIDENT NAME PRESIDENT NAME Theresa M. Smith Kenneth W. Smith, Jr. STREET ADDRESS STREET ADDRESS 78 Gloucester Street 59 Wainwright St., ZIP CODE STATE ZIP CODE 02908 RIProvidence, 02908 RΙ Providence, TREASURER NAME SECRETARY NAME Kenneth W. Smith, Jr. Theresa M. Smith STREET ADDRESS STREET ADDRESS 59 Wainwright Street 78 Gloucester Street ZIP CODE ZIP CODE CITY STATE 02908 RI02908 Providence, RIProvidence, DIRECTORS ΛF THE ADDRESSES DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADDRESS ZIP CODE STATE CITY STATE ZIP CODE CITY DIRECTOR NAME DIRECTOR NAME STREET ADDRESS. STREET ADDRESS ZIP CODE STATE CITY STATE ZIP CODE CITY ISSUED AUTHORIZED SHARES **ISSUED SHARES AUTHORIZED SHARES** PAR VALUE NUMBER OF SHARES PAR VALUE NUMBER OF SHARES CLASS / SERIES

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

0

0

File Date: 6-9-96
Check No: 6-3-3

100

By:

For Secretary of State Use Only

- Lu

KENNETH W. SMITH, JR.

Print or Type Name of Officer

PRESIDENT/TREASURER
Title of Officer

5/10/96 Date FORM 31 12/95

FORM 31 12/95

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.

Chode Island and Providence Plantations Office of The Secretary of State 190 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0011301

Corporate ID:

Name of Corporation:

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

Annual Report for the year:

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Town Line Service, Inc.

Business entity organized under the laws of the State of: $\mathbb{R}h \cup \mathbb{R} \in \mathbb{R}$ For foreign entity, address and telephone number of principal office:	<u>Esland</u>	Business Entity is (che Business Corpora Professional Serv		
Phone: (901) 353-9810 353-6610 Address and telephone of the principal office of business entity in Rho Island (Provide street address - Not P.O. Box):	ode	WHOLE ST OF GASO WITH	ALE AND	
Phone: (901) 353-9810 / 353-6616				
		OFFICERS ARE:		
KENNETH W SMITH SR	STREET ADDRESS	GLNOCESTER	CITY/STATE CITY/STATE	ZIP CODE RT 03 90 F ZIP CODE
KENNETH W SMITH UR.	STREET ADDRESS	MAINWRIGH		
THERESA M. SMITH	77 C	OUCESTER .	ST FRO	
THECESA M. SMITH	78 (L)	UCESTER IRECTORS ARE:	ST. Proc	/ RI, 02908
NAME	STREET ADDRESS	IRECTURS ARE:	CITY/STATE	ZIP CODE
·				
NAME	STREET ADDRESS		CITY/STATE	ZIP CODE
	\bigcap		(40	1):35:3-98/0 ZIP CODE
NAME A MINING 1232	STREET ADDRESS	o Au	CITY/STATE TO A CONTROL OF THE CONTR	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	J NI	MBER OF SHARES ISSU	JED AND OUTSTAND	NG (Rider may be attached)
Number of Shares Class / Series	Nu	mber of Shares	Class / Series	Lan J 0 1995
/ /CO			1	W#30 3999
NO PAR VALUE			2	The control of the co
Date Cecepitar 20 . 1994	By:	and W.	In the	
	PRINT OR TYPE NA	ME OF OFFICER SIGNING	ENNETH	SmiTH
Form 31 1/95	TITLE OF OFFICER	SIGNING FOE	EDENT	<u> </u>
DESIGNATED REGISTE	ERED AGENT	FOR SERVICE OF	PROCESS:	
PLEASE NOTE: If the registered office and/or registered agent indicates the property of the pr	icated below is in	correct, Form 9 must be	filed.	

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0011301	A	nnual Report for the ye	ear:	1994	····
Name of Business Entity	y:		Town Line S	Service,	lnc.	
Business entity organized at	nder the laws of the State of: Rhode Is	sland	Business Entity is (che	eck one):		
Federal Taxpayer Identificat					e RIGL Chapter 7-	
					ooration (See RIGL ny (See RIGL 7-16)	
For foreign entity, address a	nd telephone number of principal office:		Name, title and mailing	•	•	
	7 - 100		communications may l	be directed:	•	
			58 Wainright	Street		
Phone: 1 1			Providence,		and	
Address and telephone of the	e principal office of business entity in Rhoo	de l				
Island (Provide street addres		cic	Brief statement of the	character of bus	cinos e conductad in	Physical Islands
1232 Douglas Ave	nue		Wholesale and	d retail	sales of gas	oline and
North Providence	, RI 02904		oil and the	service a	nd repair of	automobile
	77774		Date of Organization:	5-9-83	5/12/73.	mre,
Phone: (401) 353-9	810		Date of Qualification to			
	THE NAM	ES OF THE	OFFICERS ARE:			
	: ™ PRESDENT/Check One: ith, Jr., 58 Wainright St	STREET ADDRES	is .	CITY/ST VIE Island		ZIP CODE
	: XI vice President checkoner , 78 Glocester Street, Pr	STREET ADDRÉS		CITY/ST VIE		ZIP CODI-
CLSTODIAN OF RECORDS OR	·	STREET ADDRES	*	CHTY/STATE		ZIP CODE
Theresa Smith	, 78 Glocester Street, Pr					
CHIEF FINANCIAL OFFICER OR Kenneth W. Sm	M TREASTREE Check One) ith, Jr., 58 Wainright St	street appres		CITY/STATE Island		XIP CODE
NAME	THE NAME	S OF THE I	DIRECTORS ARE:	CHY-STAIL		ZIP CODE
		211111111111111111111111111111111111111	~-	CHEST CH.		zar const.
NAME		STRUTT ADDRES	28	CTTY/STATE		ZIP CODE
NAMi:		STREET ADDRES	is .	CITY/STATE		NIP CODE
NUMBER OF SHARES AU	CTHORIZED (If Applicable)		IUMBER OF SHARES I	SSUED AND	DUTSTANDING (I	f Applicable)
NUMBER 100		. >	IUMBER			-
CLASS		: (LASS		FILE	ט
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					By 2 6 14	mine
PAR VALUE OR		1	AR VALUE OR		<i>-</i>	
WITHOUT PAR No pa	ar value	V	VITHOUT PAR		<u> </u>	
Date / Hilana	xy 18. 19 94	By:	Lenniell'	W. Smee	A. G.	
			W. SMITH, JR.			
		Presider	t/Treasurer	**************************************		
		THE OF OFFICE	R SIGNING			
Form 31 1-94						
T I	DESIGNATED REGISTERED OR	RESIDENT	AGENT FOR SERV	TCE OF PRO	OCESS:	

PLEASE NOTE: If the Corporation has changed its registered of fice and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00113	01	Annual Report for the y	/ear1993
FIRST: The name of the	corporation is	Town Line Service,	Inc
SECOND: It is incorporate	ted under the laws of	Rhode Island	
		the wholesale and retail	sales of gasoline
and oil, and the ser	vice and repair o	f automobiles	
FOURTH: If foreign corp	oration, address of its	principal officeN/A	
FIFTH: Business address	in Rhode Island ¹²	32 Douglas Avenue, North Pr	ovidence, RI 02904
SIXTH: Names and address	esses of its directors an	d officers: Address (including numb	(Attach rider if necessary) ber. street, zip code)
	Director		
	Director	.,,	
Kenneth W. Smith, Jr.	President	.58. Wainwright Street, P.	rovidence, RI
Theresa Smith	Vice Presid	lent 78 Gloucester Street, P	rovidence, RI
Theresa Smith	Secretary	78 Gloucester Street, P	rovidence, RI
Kenneth W. Smith, Jr.	Treasurer	58 Wainwright Street, P	rovidence, RI
SEVENTH: Number of Sh	ares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
100			No par value
Eighth: Number of Sha	res issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
Dated February 2		TOWN-LINE SERVICE, INC. (Name of Corporation) By	mith b.
(Report must be signed before 3. 1.85		Title PRESIDENT	

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report for t	the year IRSI
FIRST: The nan	ne of the corporation is	Town Line Se	evice. Inc.
SECOND: It is in	ncorporated under the laws	of Rhode Island	
THIRD: Charace	ter of business, briefly stated	$_{ m , is}$ the wholesale and reta	il sales of gasoline
and oil, and t	the service and repair	of automobiles	
FOURTH: If fore	eign corporation, address of	its principal officeN/A	
FIFTH: Business	address in Rhode Island	1232 Douglas Avenue, Nort	h Providence, RI 02904
SIXTH: Names a	and addresses of its directors		(Attach rider if necessary) number, street, zip code)
	Directo	r	······
	Director	r	
·	Director	r	
Kenneth W. Smith,	Sr. Presider	nt 78 Gloucester Stree	t, Providence, RI
Kenneth W. Smith,	Jr. Vice Pre	esident 59 Wainwright Stree	t, Providence, RI
Kenneth W. Smith,	Sr. Secretar	y 78 Gloucester Stree	t, Providence, RI
Kenneth W. Smith,	Sr. Treasure	er 78 Gloucester Stree	t, Providence, RI
SEVENTH: Numb	er of Shares authorized:		Par Value
No. of Shares	Class	_Series	or statement that shares are without par value
100		PAID	No par value
		FEB 1 1 1992	no par varac
EIGHTH: Number	r of Shares issued:	SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100			No par value
Dated February 10	· 19 ⁹²	TOWN-LINE SERVICE, IN	- / - /
		Title / Coch Die	Server for for UP
(Report must b	e signed by an officer)	Title / More Po	LITACE /

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate 1D	()()1.1.1.1()1	Annual Report	for the year
FIRST: The name	of the corporation is	Town Line 3	ervice, Inc.
SECOND: It is inco	orporated under the laws o	f Rhode Island	
THIRD: Character	of business, briefly stated,	is the wholesale an	d retail sales of gasoline
and oil, and th	e service and repair	of automobiles	
FOURTH: If foreign	n corporation, address of it	ts principal office	
FIFTH: Business ac	ldress in Rhode Island	1232 Douglas Avenue, N	orth Providence, RI 02904
SIXTH: Names and	d addresses of its directors a		(Attach rider if necessary)
	Director		
	Director		
	Director		
Kenneth W. Smith, S	President	t 78 Gloucester St	reet, Providence, RI
Kenneth W. Smith,	lr. Vice Pres	sident 59 Wainwright St	reet, Providence, RI
Kenneth W. Smith, S	Sr. Secretary	, 78 Gloucester Sti	reet, Providence, RI
Kenneth W. Smith, S	Sr. Treasure	r 78 Gloucester Sti	reet, Providence, RI
SEVENTH: Number	of Shares authorized:	Series	Par Value or statement that shares are without par value
100			No par value
Еіднтн: Number o	of Shares issued:	7:11 5 pg	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100			No par value
Pated FEBRUARY 4	19 91	TOWN-LINE SERVICE, I	NC.
		(Name of Corporation) By	N. Smith Jr.
(Report must be	signed by an officer)	Title VICE PRESIDENT	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

SECOND: It is incorporated under the laws of Rhode Island THIRD: Character of business, briefly stated, is. the wholesale and retail sales of gasoline and of 1, and the service and repair of automobiles FOURTH: If foreign corporation, address of its principal office. FIFTH: Business address in Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 SIXTH: Names and addresses of its directors and officers: (Attach rider if necessal Name Office Director Director Director Director Kenneth W. Smith, Sr. President 78 Gloucester Street, Providence, RI Menneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer SEVENTH: Number of Shares authorized: No. of Shares Class Senes Senes Providence RI FIFTH: Business address in Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Address (including number, street, providence, RI office in Recessal Address (including number, street, providence, RI office in Recessal in Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Address (including number, street, providence, RI office in Recessal in Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Address (including number, street, providence, RI office in Recessal in Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes Senes In Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes In Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes In Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes In Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes In Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes In Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes In Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes In Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 Business (Class Senes In Rhode Isl	Corporate ID 00113	01	Annual Report for th	ne year 1990 141
THIRD: Character of business, briefly stated, is the wholesale and retail sales of gasoline and oil, and the service and repair of automobiles FOURTH: If foreign corporation, address of its principal office. FIFTH: Business address in Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 SIXTH: Names and addresses of its directors and officers: (Attach rider if necessa Office Address (including number, street, tip code) Director Director Director Kenneth W. Smith, Sr. President Kenneth W. Smith, Jr. Vice President Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares 100 Par Value	First: The name of	the corporation is	Town Line Service.	Inc.
Address (including number, street, 2ip code) FIFTH: Business address in Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 SIXTH: Names and addresses of its directors and officers: Office Director Director Director Kenneth W. Smith, Sr. Kenneth W. Smith, Jr. Vice President Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares 100 EIGHTH: Number of Shares issued: No. of Shares 100 Dated Dat	SECOND: It is incorp	orated under the laws ofR	hode Island	
FIFTH: Business address in Rhode Island 1232 Douglas Avenue, North Providence, RI 02904 SIXTH: Names and addresses of its directors and officers: Name Office Office Address (including number, street, zip code) Director Director Director Enneth W. Smith, Sr. President Vice President Vice President Forward RI Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares 100 Par Value Office Address (including number, street, zip code) Address (including numbe				il sales of gasoline
SIXTH: Names and addresses of its directors and officers: Name Office Office Address (including number, street, zip code) Director Director Enneth W. Smith, Sr. President Kenneth W. Smith, Jr. Vice President Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares Class	FOURTH: If foreign c	orporation, address of its prir	ncipal office	
Director Director Director Director Menneth W. Smith, Sr. President Kenneth W. Smith, Jr. Vice President Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares 100 EIGHTH: Number of Shares issued: No. of Shares Class Class Class Class Class Class Class Class Class Dated Address (including number, street, zip code) Address (including number) Address (inclu	FIFTH: Business addr	ess in Rhode Island 1232	Douglas Avenue, North	Providence, RI 02904
Director Director Kenneth W. Smith, Sr. Kenneth W. Smith, Jr. Vice President Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares 100 EIGHTH: Number of Shares issued: No. of Shares Class Class Class Series Series Series Par Value or statement that shares are without par value PA!D Par Value or statement that shares are without par value No par value				(Attach rider if necessary
Kenneth W. Smith, Sr. Kenneth W. Smith, Jr. Kenneth W. Smith, Jr. Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares 100 EIGHTH: Number of Shares issued: No. of Shares Class Class Class Series Series Series MAY 3 1770 Par Value or statement that shares are without par value No par value				
Kenneth W. Smith, Jr. Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Secretary Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares 100 EIGHTH: Number of Shares issued: No. of Shares Class Series Series Series Series Par Value or statement that shares are without par value No par value		D :		
Kenneth W. Smith, Sr. Kenneth W. Smith, Sr. Treasurer Seventh: Number of Shares authorized: No. of Shares 100 EIGHTH: Number of Shares issued: No. of Shares Class Class Class Series Series Series Series Par Value or statement that shares are without par value PAID Far Value or statement that shares are without par value SEC'Y. OF STATE No par value	Kenneth W. Smith, Sr.	President	78 Gloucester Street,	Providence, RI
Secretary Kenneth W. Smith, Sr. Treasurer 78 Gloucester Street, Providence, RI	Kenneth W. Smith, Jr.	Vice President	59 Wainwright Street,	Providence, RI
Treasurer Trea	Kenneth W. Smith, Sr.	Secretary	78 Gloucester Street,	Providence, RI
Seventh. Number of Shares authorized. No. of Shares 100 EIGHTH: Number of Shares issued: No. of Shares Class Class Series Series Or statement that shares are without par value No par value Par Value or statement that shares are without par value No. of Shares Class Class Dated Da	Kenneth W. Smith, Sr.	Treasurer	78 Gloucester Street,	Providence, RI
Par Value PAID EIGHTH: Number of Shares issued: No. of Shares Class Dated Dated 1990 No par value No par value Par Value or statement that shares are without par value No par value No par value V			Series	or statement that shares are without
No. of Shares Class SEC'Y. OF STATE No par value No par value Dated Dull 17 1990 Dated Dull 17 1990			PAID	No par value
Dated And In 1990 Journ Just Jenuch - Sic			J 1776	or statement that
	100	19 <i>90</i>	Journ-Sine	4 K.
(Report must be signed by an officer) Title Kinned In Williams h		By.	Grisielent	met h

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	<u>011301</u>		Annual Re	port for the year	· • • • • • • • • • • • • • • • • • • •
First: The nam	e of the corporation	is	Town Line S	ervice, Inc.	
SECOND: It is in	corporated under the	e laws of	Rhode Island		
THIRD: Charact	er of business, briefly	stated, is!	he wholesale an	d retail sales of	
gasoline an	d oil, and the s	ervice and	repair of auto	mobiles	***************************************
FIFTH: Business	address in Rhode Isl	and1232	Douglas Avenue,	North Providence,	RI 02904
SIXTH: Names a	nd addresses of its di	rectors and		(Attach	rider if necessary)
	I	Director			
	I	Director			***************************************
		Director			
Kenneth.W. Smith	, Sr. F	resident	78 Gloucester	Street, Providence,	RI
Kenneth W. Smith	T av	ice Presider	59 Wainwright	Street, Providence,	RI
Kenneth W. Smith	C	Secretary		Street, Providence,	RI
Kenneth W. Smith	e	reasurer	76 Gloucester	Street, Providence,	RI
	er of Shares authoriz		Series	Par V or statem shares are	ent that without
No. of Shares	Ciass		To Co	parv Shares are par value	_
Eighth: Numbe	r of Shares issued:		환경 로 참	Par V or statem shares are	ent that
No. of Shares	Class		Series	par v	
100				Shares are w par valu	
Dated 7 2 - 2 /	19 🛴	 (N Bv	Town-Line Servi	ce, Inc.	× J
(Report must b	be signed by an officer)	Ti:	ile/PRE	SIDENT	

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Cornorate ID	11301		Annual Report for the	year	1988
First:	The name of the corporation	isTow	n Line Service, Inc	4	
SECOND:	It is incorporated under the	e laws of	Rhode Is	land	
THIRD:	Character of business, briefly gasoline and oil, a	stated, ist	he wholesale and re	etail sales	of s
Fourth	14***		cipal office		
Г іғтн:	Business address in Rhode Is	land 1232	Douglas Avenue, No	rth Providen	ce, RI 0290
Sіхтн:	Names and addresses of its d	irectors and of	ficers: Address (including n	(Attach rider	· if necessary)
*****************		Director		***************************************	
		Director		***************************************	
		Director			•••••
	W. Smith, Sr.		78 Gloucester St.,	Providence,	RI
Kenneth	W. Smith, Jr.	Vice President	59 Wainwright St.,	Providence,	RI
	W. Smith, Sr.		78 Gloucester St.,	Providence	, RI
No. of S			Series	or statement ti shares are with par value	
100			DAID	Shares are par value	without
Еіднтн	: Number of Shares issued:		PAID MAR 1 / 1988	Par Value or statement the shares are with	
No. of SI			SEC'Y. OF STA	Shares are par value	without
Dated Mar	rch 2, 19.8		own-Line Service, I	-)
(F	Report must be signed by an officer)	By _. Tit	le PRESIDE	MUT S	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate IL)11301	Annual Report	for the year198.7
First:	The name of the corporation is		
Second	: It is incorporated under the laws		nd.
Third:	Character of business, briefly stated	, is the wholesale ar	d retail sales of
	gasoline and oil, and t	the service and repa	ir of automobiles
Fourth	: If foreign corporation, address of	its principal office	
Г іғтн:		1232 Douglas Ave	nue, North Providence, RI 02904
Ѕіхтн:	Names and addresses of its directors		(Attach rider if necessary)
	Directo	r	
	Director	r	
***************************************	Director	r	
Kenneth V	V. Smith, Sr. Presiden	nt 78 Gloucester	St., Providence, RI
Kenneth W	V. Smith, Jr. Vice Pre	esident 59 Wainwright	St., Providence, RI
	V. Smith, Sr. Secretar		St., Providence, RI
.Kenneth.W	ISmith, Sr. Treasure	r78Gloucester	St., Providence, RI
Seventh:	Number of Shares authorized:		Par Value
No. of Shar	res Class	Series	or statement that shares are without par value
100			Shares are without
Еібнтн:	Number of Shares issued:	y~	par value Par Value
No. of Shar		Series APR	3 1987 or statement that shares are without par value
100		• • • • •	Shares are without
Dated Janu	ary 19	More than 2	par value
DatedJanu	ary 19, 19 87	(Name of Corporation)	, Inc.
		By By	Jane 25
(Rep	port must be signed by an officer)	Title PRIS	

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE. RHODE ISLAND 02903

Corporate ID11301	•••••	Annual Rep	ort for the year 1986
First: The name of	the corporation isTow	n Line Service, I	nc,
SECOND: It is incorpo	orated under the laws of	Rhode I:	sland
	business, briefly stated, is doil, and the service		
FOURTH: If foreign co	orporation, address of its p	rincipal office	
FIFTH: Business addre	ess in Rhode Island123	32 Douglas Avenue,	North Providence, RI 02904
SIXTH: Names and ac	Idresses of its directors and Office Director		(Attach rider if necessary) s (including number, street, zip code)
	Director	.,	
	Director		
Kenneth W, Smith,	Sr. President	78 Gloucester	St., Providence, RI
Kenneth W. Smith,	Jr. Vice Preside	ent 59 Wainwright	St., Providence, RI
Kenneth W. Smith,	Sr. Secretary	78 Gloucester	St., Providence, RI
Kenneth W. Smith,	Sr. Treasurer	78 Gloucester	St., Providence, RI
SEVENTH: Number of	Shares authorized: Class	Series	Par Value or statement that shares are without par value
100		foy. M.	Shares are without par value
EIGHTH: Number of S	hares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100			Shares are without par value
Dated March 5	DOFWID !	Town-Line Service Name of Corporation) y	th What Sr
(Report must be signe	ed by an officer) T	itle President	

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

Annual Report for the year 1985

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

FIRST: The name of the corporation is _______Town-Line Service, Inc.

				Cor	porate	I.D#	: 113	01	-
SECOND:	It is incorpora	ted under t	he law	s of .	Rhode	Island			
Third: C	haracter of bus	iness, briefl	y state	ed, is	the w	holesal	e and	retail	
sales of o	gasoline and	l oil, and	d the	serv	rice a	nd repa	ir of	automo)	biles
	If foreign cor								
					_	onice			
FIFTH: B	seinose addrose					ata will b		سائله سال	
	usiness address				-			ea to this	
address) 1232 Sixth: Na							J.4.		
Г	ames and addr Addresses must i					cers:			
L			and num	11061, 11	ally)				
Nam		Office				Address			
•••••		Director							
		Director							
		Director							
Kenneth W. S	smith, Sr.	President		78 G1	oucest	ter St.	Provi	ldence,	RI
Kenneth W. S	mith, Jr.	Vice Presi	dent	59 Wa	inwri	ght St.	Provi	ldence,	RI
Kenneth W. S	mith, Sr.	Secretary		78 Gl	ouces	ter St.	Provi	ldence,	RI
Kenneth W. S		Treasurer		78 Gl	oucest	ter St.	Provi	ldence,	RI
SEVENTH:	Number of Si	hares autho	orized:			0.7	Par Val		
No. of Shares	c	lass		Serie	es		statemen res are v par valu	vithout	
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Dated: Februa	ry 9	19.2/27/85	(N		wn-Lir Corporat	ne Servi	ice, 1	nc.) ~
			Title	1	100	51061	~ ~~	sac Litalian.	
		PAID		(Report		signed by			ר
		응무속	<u> </u>			aighed by	an ome	<u></u>]
If the corpo Form #9 mu	ration has chan st be filed. Please	ged \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	tered o	office a	nd/or it on for in	s registere formation.	d agen 277-304	t, 0	
FORM 31 11-52		15.00 15.00		•		= 1,11,11			J

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

		Annual Report for	the year 1984
FIRST: The name of	the corporation i	$_{ m S}$ Town-Line S	ervice, Inc.
		Corporate I	.D. #: 11301
SECOND: It is incorp	porated under the	laws of Rhode	Island
THIRD: Character of	business, briefly	stated, is the w	holesale and retail
	_		repair of automobiles
	corporation, add		
C	torporation, was		
			rts will be mailed to this
ddress) 1232 Douglas		•	
SIXTH: Names and			
·-··	ust include street an		
Name	Office		Address
			110411.000
			^
Kenneth W. Smith, Sr			ter St. Providence, RI
			ght St. Providence, RI
Kenneth W. Smith, Sr			ter St. Providence, RI
	200100013		
Kenneth W. Smith, Sr (If additional space is needed,		76 Glouces	ter St. Providence, RI
SEVENTH: Number of	of Shares authori	ized:	Par Value or statement that
No. of Shares	Class	Series	or statement that shares are without par value
100			Shares are without par value
EIGHTH: Number of	Shares issued:	Series	Par Value or statement that shares are without par value
	Class	Corres	
100			Shares are without par value
ated: February 9	9 85 72/27/85	Town-Lin	e Service, Inc.
		y Linning	The Whatth &
	PA T	itle <i>MASC</i>	DEAT
		(Report must be	signed by an officer)
	changedrite registe	_	

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