



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 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101101		2. Name of Corporation CFN, INC.			
3. Street Address Principal Business Office 1525 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02865-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 3558
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A CONVENIENCE STORE; GASOLINE STATION AND CARWASH.					
OFFICERS AND ADDRESSES OF THE OFFICERS (PLEASE PRINT OR TYPE) ■ LEAVE 10 SPACES BEFORE USING ABBREVIATIONS					
President Name Anthony J. Zabatta			Vice President Name Anthony J. Zabatta		
Street Address 21 Timberland Dr.			Street Address 21 Timberland Dr.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Anthony J. Zabatta			Treasurer Name Anthony J. Zabatta		
Street Address 21 Timberland Dr.			Street Address 21 Timberland Dr.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
DIRECTORS AND ADDRESSES OF THE DIRECTORS (PLEASE PRINT OR TYPE) ■ LEAVE 10 SPACES BEFORE USING ABBREVIATIONS					
Director Name Anthony J. Zabatta			Director Name .		
Street Address 21 Timberland Dr.			Street Address .		
City Lincoln	State RI	Zip 02865	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
SHARES AUTHORIZED (PLEASE PRINT OR TYPE) ■ LEAVE 10 SPACES BEFORE USING ABBREVIATIONS					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			500	Common	NO PAR

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



1 0 1 1 0 1

101101 DBC 02/03/05 05:50:23 PM

File Date

2-23-05

Check No.

6774

By:

2

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.

Signature of Officer

Date

Anthony J. Zabatta

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND
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Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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 IN BLACK)

1. Corporate ID No. 101101	2. Name of Corporation CFN, INC.		
3. Street Address Principal Business Office 1525 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	Zip 02865
6. SIC Code 3558			
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A CONVENIENCE STORE; GASOLINE STATION AND CARWASH.			

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony J. Zabatta			Vice President Name Anthony J. Zabatta		
Street Address 21 Timberland Dr.			Street Address 21 Timberland Dr.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Anthony J. Zabatta			Treasurer Name Anthony J. Zabatta		
Street Address 21 Timberland Dr.			Street Address 21 Timberland Dr.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony J. Zabatta			Director Name		
Street Address 21 Timberland Dr.			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			500	COMMON	NO PAR

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.

Signature of Officer Anthony J. Zabatta Date _____
Print or Type Name of Officer Anthony J. Zabatta
Title of Officer President

101101 DBC 01/10/05 11:32 AM
FILED
File Date FEB 26 2004
Check No. _____
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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

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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **101101** 2. Name of Corporation **CFN, INC.**
3. Street Address Principal Business Office City State Zip
1525 Mineral Spring Avenue N. Providence RI 02865
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3558**

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

Operate convenience store, gasoline station and car wash

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

President Name Anthony J. Zabatta	Vice President Name Anthony J. Zabatta
Street Address 21 Timberland Dr.	Street Address 21 Timberland Dr.
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Secretary Name Anthony J. Zabatta	Treasurer Name Anthony J. Zabatta
Street Address 21 Timberland Dr.	Street Address 21 Timberland Dr.
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865

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

Director Name Anthony J. Zabatta	Director Name
Street Address 21 Timberland Dr.	Street Address
City State Zip Lincoln RI 02865	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 Common no par

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



* 1 0 1 1 0 1 *

File Date: **2/24/03**

Check No.: **23432**

By: **sm**

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.

Signature of Officer **Anthony J. Zabatta** Date
Print or Type Name of Officer **ANTHONY J. ZABATTA**
Title of Officer **President**



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. **101101** 2. Name of Corporation **CFN, INC.**

3. Street Address Principal Business Office

City

State

Zip

525 Mineral Spring Ave.

N. Providence RI

**02911
3558**

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

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

Operate convenience store, gasoline station and car wash

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

President Name

Vice President Name

Anthony J. Zabatta

Frank Zabatta

Street Address

Street Address

21 Timberland Dr.

21 Timberland Dr.

City State Zip
Lincoln, RI 02865

City State Zip
Lincoln RI 02865

Secretary Name

Treasurer Name

Anthony J. Zabatta

Frank Zabatta

Street Address

Street Address

21 Timberland Dr.

21 Timberland Dr.

City State Zip
Lincoln, RI 02865

City State Zip
Lincoln RI 02865

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

Director Name

Director Name

Anthony J. Zabatta

Frank Zabatta

Street Address

Street Address

21 Timberland Dr.

21 Timberland Dr.

City State Zip
Lincoln RI 02865

City State Zip
Lincoln RI 02865

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

-0-

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



* 1 0 1 1 0 1 *

File Date: 2/27

Check No.: 16805

By: [Signature]

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.

Signature of Officer [Signature] Date

Anthony J. Zabatta

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101101** 2. Name of Corporation **CFN, INC.**
3. Street Address Principal Business Office **1525 Mineral Spring Ave.** City **N. Providence** State **RI** Zip **02911**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3558**
7. Brief Description of the Character of Business Conducted in Rhode Island

Operate convenience store, gasoline station and car wash

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

President Name **Anthony J. Zabatta** Vice President Name **Frank Zabatta**
Street Address **21 Timberland Dr.** Street Address **21 Timberland Dr.**
City **Lincoln** State **RI** Zip **02865** City **Lincoln** State **RI** Zip **02865**
Secretary Name **Anthony J. Zabatta** Treasurer Name **Frank Zabatta**
Street Address **21 Timberland Dr.** Street Address **21 Timberland Dr.**
City **Lincoln** State **RI** Zip **02865** City **Lincoln** State **RI** Zip **02865**

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

Director Name **Anthony J. Zabatta** Director Name **Frank Zabatta**
Street Address **21 Timberland Dr.** Street Address **21 Timberland Dr.**
City **Lincoln** State **RI** Zip **02865** City **Lincoln** State **RI** Zip **02865**
Director Name **Anthony J. Zabatta** Director Name **Frank Zabatta**
Street Address **21 Timberland Dr.** Street Address **21 Timberland Dr.**
City **Lincoln** State **RI** Zip **02865** City **Lincoln** State **RI** Zip **02865**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
-0-

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



* 1 0 1 1 0 1 *

2/18/00

File Date: 2/18/00

Check No.: 13685

By: AC

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.

Signature of Officer Anthony Zabatta Date

Print or Type Name of Officer **Anthony ZABATTA**

Title of Officer **President**



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Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 101101		2. Name of Corporation CFN, INC.			
3. Street Address Principal Business Office 1525 Mineral Spring Ave.		City N.Providence	State RI	Zip 02911	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 3558	
7. Brief Description of the Character of Business Conducted in Rhode Island Operate convenience store, gasoline station and car wash					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony J. Zabatta		Vice President Name Frank Zabatta			
Street Address 21 Timberland Dr.		Street Address 21 Timberland Dr.			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Anthony J. Zabatta		Treasurer Name Frank Zabatta			
Street Address 21 Timberland Dr.		Street Address 21 Timberland Dr.			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony J. Zabatta		Director Name Frank Zabatta			
Street Address 21 Timberland Dr.		Street Address 21 Timberland Dr.			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			-0-		

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



FILED

File Date: **FEB 24 1999**

Check No.: **By CE 10559**

By: _____

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.

Signature of Officer

Date

FRANK ZABATTA

Print or Type Name of Officer

V. PRESIDENT

Title of Officer