

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 B	LACK)					
I. Corporate ID No. 101101	2. Name of Corporate CFN, INC.	ion			77.04	
3. Street Address Principal Busin	ess Office		City	State	Zip	
1525 MINERAL SPRI	NG AVENUE		NORTH PROVIDENCE	RI	02865-	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 3558	
7. Brief Description of the Chard TO OPERATE A CONVEN	icter of Business Conduc LENCE STORE; GA	cted in Rhode Island SOLINE STATION ANI	CARWASE.			
Essantsanidadires	er en	The Creation of the Co	(autom) Berte treakled	ของการและเกา	Tevativitatio	
President Name			Vice President Name			
Anthony J. Zabatta	1		.Anthony J. Zabatta	ì		
Street Address			Street Address			
21 Timberland Dr.			.21 Timberland Dr.			
City	State	Zip	City	State	Zip	
Lincoln	RI	02865	Lincoln	RI	02865	
Secretary Name			Treasurer Name			
Anthony J. Zabatta			Anthony J. Zabatta			
Street Address 21 Timberland Dr.			Street Address			
	72.		.21 Timberland Dr.			
City Lincoln	State	Zip	City	State	Zip	
	RI	02865	.Lincoln	RI	02865	
Director Name	PSOBIREDIKK	ALUKSE BASHON DE TE	resillering rate bulgari	ESPECIALISMO	AENTAIWINGER SEE SEE	
Anthony J. Zabatta			,Director Name			
Street Address						
21 Timberland Dr.			Street Address			
City Lincoln	State RI	<i>Zip</i> 02865	·City	State	Zip	
Director Name	*****		Director Name	• ·• • • • • • • • • • • • • • • • • •		
Street Address			·Street Address	·····		
City	State	Zip	.City	State	Zip	
			•			
TESTINGUES CONTOUNAD	Deer sinean ein	r (e il) ipari 🎩	The Specific Properties of the State of the	yan seeklanyan		
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 signe d	in ink by either t	he President, Vice Pres	sident, Secretary, Assistant	Secretary, Treasu.	rer, Receiver or Trustee	
#! # ## #! ##	II MAY MARKAN ARA					
			I Indonesia - Constituti	T 41 4 . 0°	1 (7)	
, 5 ,			Under penalty of perjury, this report, including any			
#404404 DDG 00/00/05	05 50 00 DM	٦	and that all statements cor			
101101 DBC 02/03/05	05:50:23 PM		1 14 1 =	144	, and tolloot.	
File Date 2 - 2 3	205		/ Buth !	UU /		
(6)	774	1	Signature of Officer	D	ate	
Check No.			Anthony J. Źabatta			
D	de		Print or Type Name of Officer			
Ву:			PRESIDENT			
FOR SECRETARY OF STATE U	JSE ONLY		Title of Officer		Form 630 12/01	



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 • Fi	ling Fee: \$50.00			
(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No. 101101	2. Name of Corpora CFN, INC.	ation	The control of the state of the	ALL AND ALL AN	
3. Street Address Principal Busin	ess Office		City	State	Zip
1525 MINERAL SPRI			NORTH PROVIDENCE	RI	02865-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		h	6. SIC Code 3558
7. Brief Description of the Chara TO OPERATE A CONVENT	cter of Business Cona	lucted in Rhode Island BASOLINE STATION AN	D CARWASH.		and the second
8. NAMES AND ADDRESS President Name	SES OF THE OFF	CERS ("X" BOX FOR ATT	ACHMENT)	S BEFORE USING A	TPACHMENTS
Anthony J. Zabatta	l		Anthony J. Zabatta	ı	
Street Address	TABLE 1 TO STORY OF THE STORY OF	6 A P. B. M. M. C. M. C. M. P. W. A. P. C. MARINE	Street Address	the control of the enterior of the following of the control of	
21 Timberland Dr.			21 Timberland Dr.		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	: 02865
Secretary Name			Treasurer Name	* * * * * * * * * * *	,
Anthony J. Zabatta			Anthony J. Zabatta		
Street Address .		A A CONTRACTOR AND A CO	Street Address		A formation of the state of the
21 Timberland Dr.			21 Timberland Dr.		
City	State	Zip ·	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS <u>J</u> ex <u>"Boxfor</u> a	TTACHMENT) FILE IN SPAC Director Name	ESBEFORE USING	ATTACHMENTS
Anthony J. Zabatta			•		
Street Address	Control of the second of the s		Street Address		
21 Timberland Dr.			٠		•
City	State	Zip	·City	State	Zip
Lincoln	RI	02865			:
Director Name	and a second of the second	in it so that the sound of the	Director Name		in the constitution of the
			•		
Street Address	# PART MARK MARK - PART MARK MARK TO A 12 CT 17 A MIRK TO THE ST		*Street Address	a comit a comit accent for the description of the foreign of the complete community and the community of the	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D CX BOX FOR A	TEXACHMENT) 🗍 🗆 🖰	II: SHARES ISSUED <i>("X" BO</i> ISSUED SHARES	X FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE	anne anne e e e e e e e e e e e e e e e	entre en entre en	500	СОММОИ	NO PAR
	annen den met annen men met met det met det det de met de	residence in the control of the cont		MANUAL MARKANIAN	: : :
TI:	9.2 2 1 1-1	Ab Description	and days Consider A. C.	C	
This report must be signe d	l in ink by either	the President, Vice Pr	esident, Secretary, Assistant	Secretary, Treas:	urer, Receiver or Trustee
			**		
## (1841 BB181 ITBE	11011 50101 11 0				
	IIIIII BBIBI IIK 1 0 1		Under penalty of perjury,	I declare and affirm	that I have evamined
, , ,			this report, including any		
	3 ()	\neg	and that all statements con		
101101 DBC 01/1004	11179127 AM			7/AA_	
File Date			[futty]	MUTT	
FEB	20 2004		Signature of Officer		Date
Check No.		1.06	Athon	·y -J.	Zabatta
By_	-21/h-	14400	Print or Type Name of Office	er /	
By:	TWA	14) =	Pres.	dant	
FOR SECRETARY OF STATE 1	nate ONTA	*	Title of Officer	-	Form 630 12/01

(FORM MUST BE TYPED OR PRINTED IN BLACK)

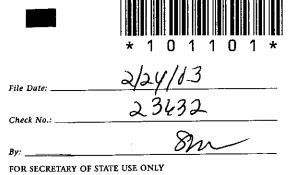
Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ EXSTRICTIONS

1. Corporate ID No.	2. Name of Corporation				
101101	CFN, INC.				
3. Street Address Principal Business Off	fice		City	State	Zip
1525 Mineral 4. Business Phone No.	Spring Aven	UE 5. State of Incorporation	N. Providence	RI	02865 6. SIC Code
		RHODE ISLAND			3558
7. Brief Description of the Character of	Business Conducted in Rho	de Island			
Operate conve 8. NAMES AND ADDRESSE President Name	nience stor s of the officer	e, gasoline s	station and car w (ENT) FILL IN SPACES BEFO Vice President Name Anthony J. Za	ORE USING ATTACHME	ENTS
Anthony J. Za	Datta		Street Address	ibacca	
Street Address 21 Timberland	Dr.		21 Timberland	d Dr.	
	State	Zip	City	State	Zip
_{City} Lincoln	RI	02865	Lincoln	RI	02865
Secretary Name Anthony J. Za	batta		Treasurer Name Anthony J. Za	ıbatta	
Street Address			Street Address		
21 Timberland	Dr. State	Zip	21 Timberland	d Dr. State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
9. NAMES AND ADDRESSE Director Name	7.77		and the second of the second o	EFORE USING ATTACHN	english and the second of the second
Anthony J. Za Street Address	batta		Street Address		
21 Timberland	Dr . State	- Zip	City	State	Zip
Lincoln Director Name	RI	02865	Director Name		en e
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHM	MENT)	11. SHARES ISSUED ("X" E	OX FOR ATTACHMENT)	
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 berein are true and correct.

Signature of office

Date

Print or Type Name of Officer

Officer S

Form 630 12/02



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

Name of Corporation IŃC. CFN,

3. Street Address Principal Business Office

City

N.

State

Mineral Spring Ave.

State of Incorporation RHODE ISLAND RI

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

gasoline station Operate convenience store, and car wash FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

Vice President Name

Frank Zabatta

Anthony J. Zabatta Street Address

21 Timberland Dr.

Zip

State

21 Timberland Dr.

Lincoln, Secretary Name

RI

02865

Lincoln Treasurer Name

RI

02865

Anthony J. Zabatta

21 Timberland Dr.

State

02865

21 Timberland Dr. City

Frank Zabatta

Frank Zabatta

ŘΤ Lincoln Lincoln,

RT

02865

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

Director Name

City

Anthony J. Zabatta

Timberland Dr.

21 Timberland Dr.

Zip

Lincoln Director Name

Street Address

City

RI

02865

Lincoln

Street Address

RΙ

02865

Street Address

City

State

Zin

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

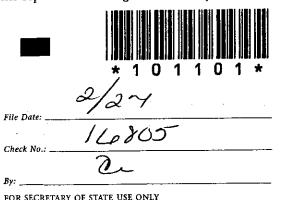
Par Value

Date

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



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



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

PROFIT CORPORATION	ON ANNUAL	REPORT FOR	THE YE	AR <u>2000</u>

STOP PITASERIAD INSTRUCTIONS

Filing Period: Januar	,	ŭ			TVSTRC TIO
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporation	in the same many many but he same still power party to the			
101101	CFN, INC.				
3. Street Address Principal Busines	s Office		City	State	Zip
1525 Mineral 4. Business Phone No.	Spring Ave.	5. State of Incorporation	N. Providence	RI	02911 6. SIC Code
		RHODE ISLAND			3558
7. Brief Description of the Charact					
Operate conve 8. NAMES AND ADDRE President Name	nience store, sses of THE OFFICE	, gasoline st RS ("X" BOX FOR ATTACK	ation and car wa IMENT) FILL IN SPACES BEI Vice President Name	Sh FORE USING ATTACH	MENTS
Anthony J. Za	batta	en en grande de la companya de la co	Frank Zabatta Street Address		
21 Timberland	Dr. State	Zip	21 Timberland	Dr. State	Zip
Lincoln Secretary Name	R.	r 02865	Lincoln Treasurer Name	RI	02865
Anthony J. Za Street Address	batta		Frank Zabatta Street Address		
21 Timberland	Dr.		21 Timberland		
Lincoln	State RI	02865	Lincoln	State RI	^{Zip} 02865
9. NAMES AND ADDRE Director Name	SSES OF THE DIRECT	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES E Director Name	BEFORE USING ATTAC	HMENTS
Anthony J. Za Street Address	batta		Frank Zabatta Street Address		
21 Timberland	Dr. State	Zip	21 Timberland	Dr. State	Zip
Lincoln Director Name	RI	02865	Lincoln Director Name	ŖI	02865
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT)	tom production of the control of the
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALU	F		-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 *
ile Date:	2/18/00
Check No.:	13685
Зу:	Ce

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
that all statement contained herein tretrue and correct.
Signature of Officer Date
Anthony ZABATIA
Print or Type Name of Officer
President
Title of Officer



ON

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

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

401-222-3040 STOP PI ASI READ

		THE STREET OF STREET PRODUCT OF STREET, STREET	and the second second second second second second	
	f Corporation			
101101 CFN,	INC.			
3. Street Address Principal Business Office	_	City	. State	2ip 02911
1525 Mineral Spring	Ave.	N.Providence	RI	
4. Business Phone No.	5. State of Incorporati			6. SIC Code
	RHODE ISL	AND		3558
7. Brief Description of the Character of Business Co				
Operate convenience				
8. NAMES AND ADDRESSES OF TH	E OFFICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES BE	FORE USING ATTA	CHMENTS
President Name		Vice President Name		
Anthony J. Zabatta		Frank Zabatta	c	
Street Address		Street Address		
21 Timberland Dr.		21 Timberland D	r.	
City State	Zip	City	State	Zip
Lincoln RI	02865	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	City	State	Zip
Lincoln RI	02865	Lincoln	RI	02865
9. NAMES AND ADDRESSES OF TH	E DIRECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES	BEFORE USING AT	EACHMENTS
Director Name	 In the second section of the section of the second section of the section of the second section of the section o	: Director Name	andrak di Bermanian di Alle di Alle di Bermanian di Alle di Al Alle di Alle d	vicina del proposition de la compansa del compansa del la compansa del compansa de la compansa del la compansa de la compansa de la compansa della compansa de la compansa della compa
Anthony J. Zabatta		Frank Zabatta		
Street Address		Street Address		
21 Timberland Dr.		21 Timberland	Dr.	
City State	Zip	City	State	Zip
Lincoln RI	02865	Lincoln	RI	02865
Director Name		Director Name		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Street Address	- · · · · · · · -	Street Address		
City State	Zip	City	State	Zip
			:	•
10. SHARES AUTHORIZED (*x" BOX I	FOR ATTACHMENT)	11: SHARES ISSUED ('X	BOX FOR ATTACHMEN	(7)
AUTHORIZED SHARES	on the state of th	ISSUED SHARES	armo in media semandan kelebuhan di Kabupatèn dan di Kebupatèn dan di Kebupatèn dan di Kebupatèn dan di Kebupat Kebupatèn dan di Kebupatèn	a kananan jarahan 1917. (Eddiga arandar) 1918. Eddin Alburya (ng 1800 Distribution and Alburya (ng 1800 Dist
Number of Shares Class/Seri	es Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE		-0-		:
				:
and the second commence of the second control of the second secon			De de la companya de De la companya de la	
This report must be signed in ink	by either the President, Vi	ce President, Secretary, Assist	ant Secretary, Trea	surer. Receiver or Tru
mis report must be signed in the	by citizen the freshaems,	· · · · · · · · · · · · · · · · · · ·	•	•

	* 1 0 1 1 0 1 * FILED
File Date:	FEB 2 4 1999
Check No.:	By Cc 10559
By:	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 distained herein are true and correct.

2-9-99
Signature of Officer

Date

FRANK ZABATTA

Print or Type Name of Officer

V. PRESIDENT.

Title of Officer