

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
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Profit Corporation Annual Report for the year: 20/6 Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILU	RE TO FILE T	HIS REPORT BY	MARCH 31 WILL R	ESULT I	N A \$25.00	PENALTY FFF	< =
Entity ID Number	2. Exact name	of the Corporation					-
0000 70805		i INC.				***	
3. Principal Office Address			City State Zip			Zip	
597 Branch Avenue			PROVIDENC		RI	02904	
4. Business Phone Number			5. State of Incorpora	ation			
√ 6 Brief description of the char	de Island						
					<u> </u>		<u>: :</u>
Gasoline	and Ser	vice stati	ON				
7. List ALL officers (names an President Name	Check the box to indicate an attachment						
Joseph MitRi			Vice-President Name				
Street Address 8 Riata Drive			Street Address				
Ling CO/N	State	02865	City		State	Zip	
ecretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
3. List ALL directors (names a	and addresses)			haals that f	- t- indicat	· community of the	
Director Name	Ilu audicocci,		Check the box to indicate an attachment Director Name				
Street Address			Street Address			, <u>.</u> ,	
City	State	Zip	City	State		Zip	
). Shares Authorized			10. Shares Issued	Check box to indicate an attachment			
			NUMBER OF SHARES	CLASS/SE		PAR VALUE	<u> </u>
his information is currently of record in the Department of State. Changes require an additional filing.			500	CNA		0.00	
					· * ·*		
1. This report must be execut	ted on behalf of	the corneration by a	n authorized represent	totice of the		= its the bonds of o	
eceiver or trustee, this report	must be execute	ed on behalf of the co	orporation by the receive	iver or true	etoe		3.7
Inder penalty of perjury, I d tatements, and that all state	leclare and affin lements contain	rm that I have exami	nined this report, inclu	uding any	raccompan	ying schedules and	
Name of Authorized Represen		<u> </u>	Date / //	121/16			
Signature of Authorized Repre	sentative						
SIGN DOCUMENT HERE							
						4	

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Form No. 630 Revised: 2016