



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

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR 21 PM 1:16

Profit Corporation Annual Report for the year: 2015

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 000070805		2. Exact name of the Corporation Mitri, Inc.			
3. Principal Office Address 597 BRANCH AVENUE		City Providence	State RI	Zip 02904	
4. Business Phone Number ✓		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Gasoline and service station					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Mitri			Vice-President Name		
Street Address 8 Riata Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 500	CLASS/SERIES CNP	PAR VALUE 0.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative Joseph Mitri				Date 4/21/16	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

FILED

APR 21 2016

By 272756