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

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
487931	MARTINS PETROLEUM, INC.		
3. Principal Office Address	City	State	Zip
2371 Pawtucket Avenue	East Providence	RI	02914-0000
4. Business Phone Number:	6. Brief description of the character of business conducted in Rhode Island		
	operation of a gas station		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Joseph F. Martins			Joseph F. Martins		
Street Address			Street Address		
2371 Pawtucket Avenue			2371 Pawtucket Avenue		
City	State	Zip	City	State	Zip
East Providence	RI	02914-	East Providence	RI	02914-
Secretary Name			Treasurer Name		
Carmen M. Martins			Joseph F. Martins		
Street Address			Street Address		
2371 Pawtucket Avenue			2371 Pawtucket Avenue		
City	State	Zip	City	State	Zip
East Providence	RI	02914-	East Providence	RI	02914-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Joseph F. Martins			Carmen M. Martins		
Street Address			Street Address		
2371 Pawtucket Avenue			2371 Pawtucket Avenue		
City	State	Zip	City	State	Zip
East Providence	RI	02914-	East Providence	RI	02914-
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

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		Date
Joseph F. Martins	President	1/02/2017

Signature of Authorized Representative: Joseph F. Martins SIGN DOCUMENT HERE

FILED
JAN 19 2017
BY 1369

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

14797-25-1155107

FORM 630 - Revised: 08/2016