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

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

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

FORM 630 - Revised: 08/2016