



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 <b>000036918</b>		2. Exact name of the Corporation <b>Leemitt's Petroleum Inc</b>			
3. Principal Office Address <b>TWO Jericho Plaza Suite 110</b>		City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>	
4. NAICS Code <b>53</b>		6. Brief description of the character of business conducted in Rhode Island <b>Station Holding/Leasing</b>			
5. State of Incorporation <b>DE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Christopher Constant</b>			Vice-President Name <b>Mark Olear</b>		
Street Address <b>TWO Jericho Plaza Suite 110</b>			Street Address <b>TWO Jericho Plaza Suite 110</b>		
City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>	City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>
Secretary Name <b>Jashua Dicker</b>			Treasurer Name <b>Danion Fielding</b>		
Street Address <b>TWO Jericho Plaza Suite 110</b>			Street Address <b>TWO Jericho Plaza Suite 110</b>		
City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>	City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Leo Liebowitz</b>			Director Name <b>Milton Cooper</b>		
Street Address <b>TWO Jericho Plaza Suite 110</b>			Street Address <b>TWO Jericho Plaza Suite 110</b>		
City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>	City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>
Director Name <b>Howard Safenowitz</b>			Director Name <b>Philp E. Coviello</b>		
Street Address <b>TWO Jericho Plaza Suite 110</b>			Street Address <b>TWO Jericho Plaza Suite 110</b>		
City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>	City <b>Jericho</b>	State <b>NY</b>	Zip <b>11753</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>			<b>01</b>
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. <b>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.</b>					
Name of Authorized Representative				Date	
Signature of Authorized Representative  <i>D. Andy</i>					

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

**FILED**

MAR 24 2017

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