

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR. Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation RHODE ISLAND SERVICE STATION, INC 97004 State Zip City 3. Street Address Principal Business Office RHODE ISLAND PROVIDENCE 02907 953 BROAD STREET 6. SIC Code 5. State of Incorporation 4. Business Phone No. RHODE ISLAND (401) 461-9218 3558 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of Mechanics, gasoline and gasoil at retail and related service as a gas station 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name . ANA BATISTA OSCAR RODRIGUEZ Street Address Street Address . 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE City State Zip RHODE ISLAND | 02905-4103 PROVIDENCE RHODE ISLAND 02905-4103 PROVIDENCE Treasurer Name Secretary Name OSCAR RODRIGUEZ ANA BATISTA Street Address Street Address 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE City State Zip Zio State City 02905-4103 RHODE ISLAND 02905-4103 PROVIDENCE RHODE ISLAND **PROVIDENCE** 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name ANA BATISTA OSCAR RODRIGUEZ Street Address Street Address 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE City Zip City 02905-4103 RHODE ISLAND 02905-4103 **PROVIDENCE PROVIDENCE** RHODE ISLAND Director Name Director Name Street Address Street Address Cirv State State City Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Class/Series Par Value Number of Shares Number of Shares Class/Series NO PAR VALUE COMMON NO PAR VAL 500 COMMON 2500 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee JUL 25 2005 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement contained herein are true and correct. 25-05 File Date of Officer Date OSCAR RODRIGUEZ Check No. Print or Type Name of Officer

President

Form 630 12/01

Title of Officer



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

| ORM MUST BE TYPED IN               | BLACKO                 | * *** ** *                |                       |  |                       |
|------------------------------------|------------------------|---------------------------|-----------------------|--|-----------------------|
| . Corporate ID No.                 | 2. Name of Corporation |                           |                       |  |                       |
| 97004                              | RHODE ISLAND           | SERVICE STATION           | , INC                 |  | 19:-                  |
| . Street Address Principal Busi    | iness Office           |                           | City                  | State<br>RHODE ISLAND  | <i>Zip</i><br>02907   |
| 953 BROAD STREET                   |                        |                           | PROVIDENCE            | KHODE ISLAND   | 6. SIC Code           |
| . Business Phone No.               | <del></del>            | 5. State of Incorporation |                       |  |                       |
| (401) 461-9218                     |                        | RHODE ISLAND              |                       |  | 3558                  |
|                                    |                        |                           |                       | nd related service a   |                       |
|                                    | SSES OF THE OFFICE     | RS ("X" BOX FOR ALLAC     | Vice President Name   | ACES BEFORE USING ATTAC  |                       |
| resident Name<br>OSCAR RODRIGUEZ   |                        |                           | ANA BATISTA           |  |                       |
| Street Address                     |                        |                           | Street Address        |  |                       |
| 335 BAY VIEW AVEN                  | NUE                    |                           | 335 BAY VIEW AV       | ENUE   |                       |
| City                               | State                  | Zip                       | City                  | State  | Zip                   |
| PROVIDENCE                         | RHODE ISLAND           | , 02,00                   | PROVIDENCE            | RHODE ISLAND   | 02905-4103            |
| ecretary Name                      |                        |                           | Treasurer Name        |  |                       |
| ANA BATISTA                        |                        |                           | OSCAR RODRIGUEZ       |  |                       |
| Street Address                     |                        |                           | Street Address        |  |                       |
| 335 BAY VIEW AVE                   | NUE                    |                           | 335 BAY VIEW AV       | ENUE   |                       |
| City                               | State                  | - <i>'</i>                | Ciry                  | State  | Zip                   |
| PROVIDENCE                         | RHODE ISLAND           | 02905-4103                | PROVIDENCE            | RHODE ISLAND   | 02905-4103            |
| 9. NAMES AND ADDRE                 | SSES OF THE DIREC      | TORS ("X" BOX FOR AT      | Director Name         | SPACES BEFORE USING ATT  | ACHMENTS              |
| OSCAR RODRIGUEZ                    |                        |                           | ANA BATISTA           |  |                       |
| Street Address                     |                        |                           | Street Address        |  |                       |
| 335 BAY VIEW AVE                   | NUE                    |                           | 335 BAY VIEW AV       | /ENUE  | <u>≥ 90 _</u>         |
| City                               | State                  | Zip                       | •City                 | State  | TZip                  |
| PROVIDENCE                         | RHODE ISLAND           | 02905-4103                | PROVIDENCE            | RHODE ISLAND   | 02905-4103            |
| Director Name                      |                        |                           | Director Name         |  | P 50                  |
| Street Address                     |                        |                           | •Street Address       |  | <b>∴</b>              |
| City                               | State                  | Ziρ                       | ,Cliy                 | State  |                       |
| 10. SHARES AUTHORI                 | IZED WYT BOY FOR AT    | TACUMENT' []              | 11. SHARES ISSUED ("  | X" BOX FOR ATTACHMENT)   |                       |
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| AUTHORIZED SHARES Number of Shares | Class/Series           | Par Value                 | Number of Shares      | Class/Series   | Par Value             |
| 2500                               | COMMON                 | NO PAR VAI                | 500                   | COMMON   | NO PAR VALUE          |
|                                    |                        |                           |                       |  |                       |
| l <u></u>                          |                        | the Dracident Man Du      | exident Secretary Ace | istant Secretary, Treasure                                       | r. Receiver or Truste |
| This report must be sig            | gned in ink by cliner  | ne President, vice Pre    | sidem, becreidry, nos | igitani occironary, reculare                                     | •                     |
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|                                    | D.                     | Y.MAC                     | Upder penalty of p    | erjury, I declare and affirm tha                                 | t I have examined     |
|                                    | <u></u>                | - Porce                   | his report, including | ng any accompanying schedule<br>onts contained herein are true a | and correct.          |
|                                    |                        | C Maby                    | ane that all state no | The commence herein are true t                                   |                       |
|                                    |                        | CHOOK                     | אנאוא א               | /  | 7-25-05               |
| File Date                          |                        | '                         | Signature of Officer  | Dat  |                       |
|                                    |                        |                           |                       | DDRIGUEZ   |                       |
| Check No                           |                        |                           | Print or Type Name    |  |                       |
|                                    |                        | · _                       |                       | oy officer   |                       |
| B <sub>V:</sub>                    |                        |                           | President             |  | Page 420 In           |
| FOR SECRETARY OF STA               | ATE USE ONLY           |                           | Title of Officer      |  | Form 630 12           |

Matthew A. Brown, Secretary of State
Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 Filing Fee: \$50.00

| FORM MUST BE TYPED IN BL                                   | 4 <i>CK</i> )                                 |  |                          |   |   |
|--|---|--|--------------------------|---|---|
| . Corporale ID No.   | 2. Name of Corporation                        | CERVICE STATION                          | INC                      |   |   |
| 97004  |   | SERVICE STATION                          |                          | State                                   | Zip                                     |
| 5. Street Address Frincipal Business Office                |   |  | City PROVIDENCE          | RHODE ISLAND                            | 02907                                   |
| l. Business Phone No.                                      |   | 5. State of Incorporation                |                          |   | 6. SIC Code                             |
| (401) 461-9218 RHODE ISLAND                                |   |  | <u> </u>                 | 3558                                    |   |
| 7. Brief Description of the Charac<br>To engage in the bus | ter of Business Conducted<br>Iness of Mechani | d in Rhode Island<br>Los, gasoline and g | asoil at retail and      | related service a                       | a gas                                   |
| BLATION 8. NAMES AND ADDRESSI                              | S OF THE OFFICE                               | RS ("X" BOX FOR ATTAC                    | HMENT) I FILL IN SPACE   | S BEFORE USING ATTAC                    | HMENTS                                  |
| President Name   |   |  | Vice President Name      |   |   |
| USCAR RODRIGUEZ  |   | ANA BATISTA                              |                          | <u> </u>                                |   |
| Street Address   |   |  | Sireet Address           |   |   |
| 335 BAY VIEW AVENU   | €   |  | 335 BAY VIEW AVEN        |   | 10:                                     |
| City   | State   | Zip                                      | City                     | State                                   | Zip                                     |
| PROVIDENCE   | RHODE ISLAND                                  | 1027030                                  | PROVIDENCE               | RHODE ISLAND                            | 02905-4103                              |
| Secretary Name   | · · · · · · · · · · · ·                       |  | Tréasurer Name           |   |   |
| ANA BATISTA  |   |  | OSCAR RODRIGUEZ          |   |   |
| Street Address   |   |  | Street Address           |   |   |
| 335 BAY VIEW AVENU   | E   |  | 335 BAY VIEW AVEN        | UE                                      |   |
| City   | State   | Zip                                      | City                     | State                                   | Zig Ciri                                |
| PROVIDENCE   | RHODE ISLAND                                  | 02905-4103                               | PROVIDENCE               | RHODE ISLAND                            | 02905-4103                              |
| 9. NAMES AND ADDRESS<br>Director Name                      | ES OF THE DIRECT                              | ORS ("X" BOX FOR ATT                     | ACHMENT)   FILL IN SPA   | CES BEFORE USING ATT                    | ACHMENTS                                |
|  |   |  | ANA BATISTA              |   |   |
| OSCAR RODRIGUEZ  |   |  | Street Address           |   | <u> </u>                                |
| Street Address   | _   | •  | 335 BAY VIEW AVEN        | IUE                                     | S SS                                    |
| 335 BAY VIEW AVENU   | E   | 1=:-                                     | <u>'</u>                 | State                                   |   |
| City   | State   | -7                                       | ·City<br>* PROVIDENCE    | RHODE ISLAND                            | 02905=4103                              |
| PROVIDENCE   | RHODE ISLAND                                  | 02905-4103                               | <b>`</b>                 |   | . 1000000000000000000000000000000000000 |
| Director Name  |   |  | · Director Name          | •                                       |   |
|  |   |  | ·                        |   |   |
| Street Address   |   |  | Street Address           |   |   |
| C'a.   | State   | Zip                                      | .City                    | State                                   | Zip                                     |
| City   |   |  | •                        |   |   |
|  | TO WAY BOY FOR ATT                            | CHMENT [                                 | II. SHARES ISSUED ("X" E | OX FOR ATTACHMENT)                      |   |
| 10. SHARES AUTHORIZE                                       | D ("X" BOX FOR ATT.                           | ACHMENT) L.                              | ISSUED SHARES            |   | ·                                       |
| AUTHORIZED SHARES  | Classica                                      | Par Value                                | Number of Shares         | Class/Series                            | Par Value                               |
| Number of Shares   | Class/Series                                  | 70. 70                                   |                          |   |   |
| 2500   | COMMON  | NO PAR VAL                               | 500                      | COMMON                                  | NO PAR VALUE                            |
|  |   |  |                          |   |   |
| This report must be signe                                  | A for forth Erroration a                      | ha Dracidant Vice Dra                    | sident Secretary Assiste | nt Secretary. Treasure                  | r, Receiver or Truste                   |
| This report must be signe                                  | d in ink by either i                          |  | sidem, decreiary, monare | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | •                                       |
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|  |   | ,  | _                        |   |   |
|  |   | JUL 25 2005                              |                          |   |   |
|  |   | AAF Y Q FOOD                             | Under penalty of periu   | ry, I declare and affirm the            | it I have examined                      |
|  |   | By KML                                   | this report, including a | ny accompanying schedul                 | es and statements,                      |
|  | <u>. ——. —.  —                           </u> | 77                                       | and hat all statements   | contained herein are true               | and correct.                            |
|  |   | ( 7267                                   |                          |   |   |
| File Date  |   | L C INA                                  | T INMED                  |   | 7-95-0                                  |
| File Daie  |   |  | Signalize of Officer     | Da                                      | te'                                     |
| Check No.  |   |  | OSCAR ROD                | RIGUEZ                                  |   |
| Cittor i v   |   |  | Print or Type Name of U  |   |   |
| 1  |   | i  |                          | <del>-</del>                            |   |

President

Title of Officer

Form 630 12/01



2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

953 BROAD STREET

(401) 461-9218

1. Corporate ID No.

4. Business Phone No.

97004

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zip

02907

6. SIC Code

3558

State

RHODE ISLAND

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ 2002

5. State of Incorporation

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the business of Mechanics, gasoline and gasoil at retail and related service as a gas

RHODE ISLAND SERVICE STATION, INC

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

PROVIDENCE

| station  |  | $RS : \ell^n Y^n ROX FOR ATTAC$                                    | HMENTI LI FILLI IN STA   | CES BEFORE USING AT TAC  | notenis  |  |
|--|--|--|--|--|--|--|
| 8. NAMES AND ADDRES  | SES OF THE OFFICE                            |  | Vice President Name  |  |  |  |
| President Name OSCAR RODRIGUEZ   |  |  | . ANA BATISTA  |  |  |  |
|  |  |  | Street Address   |  |  |  |
| Sireel Address<br>335 BAY VIEW AVEN  | नाग  | •  | 335 BAY VIEW AVI   | ENUE   |  |  |
|  | State  | Zip  | City   | State  | Zip  |  |
| City<br>PROVIDENCE   | RHODE ISLAND                                 | 1 '  | PROVIDENCE   | RHODE ISLAND   | 02905-4103   |  |
| ecretary Name  |  |  | Tréasurer Name   |  | ,  |  |
| ANA BATISTA  |  | •  | OSCAR RODRIGUEZ  |  |  |  |
| Street Address   |  |  | Street Address   |  |  |  |
| 335 BAY VIEW AVEN  | IUE  | •  | 335 BAY VIEW AVE   | ENUE   | <u> </u>   |  |
| City   | State  |  | City   | State  | Zip  |  |
| PROVIDENCE   | RHODE ISLAND                                 |  | PROVIDENCE   | . RHODE ISLAND   | 02905-4103   |  |
| 9. NAMES AND ADDRE   | SSES OF THE DIREC                            | ORS ("X" BOX FOR ATT   | ACHMENT)   FILL INS  | PACES BEFORE USING ATT   | ACHMENTS   |  |
| Director Name  |  |  | Director Name  |  | 9  |  |
| OSCAR RODRIGUEZ  |  |  | ANA BATISTA  |  | , Ot-  |  |
| Street Address   |  |  | Street Address   |  | <u> </u>   |  |
| 335 BAY VIEW AVEN  | IUE  |  | 335 BAY VIEW AV  |  |  |  |
| City   | State  | -7   | •City  | State  | Zipcn  |  |
| PROVIDENCE   | RHODE ISLAND                                 | 02905-4103   | PROVIDENCE   | RHODE ISLAND   | 02905-4103   |  |
| . <i>.</i>   |  |  | · Director Name  |  |  |  |
| Director Name  |  |  |  |  | $\sim$ $\sim$  |  |
| Director Name  |  |  | <u> </u>   |  | 4 4 · · · · · · · · · · · · · · · · · ·  |  |
| Director Name Street Address   |  |  | ·Street Address  |  | 9:   |  |
|  |  |  | •  | State  | 2.4<br>0//<br>1///   |  |
|  | State  | Zip  | Street Address City  | State  | 9:   |  |
| Street Address City  |  | •  | .City  |  | 17.77 E  |  |
| Street Address  City  10. SHARES AUTHORI   |  | •  | .Cliy  | State "BOX FOR ATTACHMENT)   | 17.77 E  |  |
| Sireel Address  City  10. SHARES AUTHORI AUTHORIZED SHARES   | ZED ("X" BOX FOR AT                          | ACHMENT) : 2 3   | .City -: 11: SHARES ISSUED ("X"  |  | 17.77 E  |  |
| Street Address City  10. SHARES AUTHORI  |  | •  | .Cliy  | BOX FOR ATTACHMENT)  | Zip Zip Par Value  |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares  | ZED ("X" BOX FOR AT                          | ACHMENT) : 2 X   | City  SHARES ISSUED ("X ISSUED SHARES Number of Shares   | BOX FOR ATTACHMENT)  | 25 V   |  |
| Sireel Address  City  10. SHARES AUTHORI AUTHORIZED SHARES   | ZED ("X" BOX FOR AT                          | Par Value  | City  SHARES ISSUED ("X ISSUED SHARES Number of Shares   | Class/Series   | Zip Zip Par Value  |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares  | ZED ("X" BOX FOR AT                          | Par Value  | City  SHARES ISSUED ("X ISSUED SHARES Number of Shares   | Class/Series   | Zip Zip Par Value  |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  | City  City  SHARES ISSUED ("X  ISSUED SHARES  Number of Shares  500  | Class/Series COMMON  | Zip Zip Par Value NO PAR VALUE   |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  he President, Vice Pre                      | City  City  SHARES ISSUED ("X  ISSUED SHARES  Number of Shares  500  | Class/Series   | Zip Zip Par Value NO PAR VALUE   |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  | City  City  SHARES ISSUED ("X  ISSUED SHARES  Number of Shares  500  | Class/Series COMMON  | Zip Zip Par Value NO PAR VALUE   |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  he President, Vice Pre  JUL 2 5 2005        | City  City  SHARES ISSUED ("X  ISSUED SHARES  Number of Shares  500  | Class/Series COMMON  | Zip Zip Par Value NO PAR VALUE   |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  he President, Vice Pre                      | City  First Shares Issued ("X" ISSUED SHARES Number of Shares  500  sident, Secretary, Assis   | Class/Series COMMON Class/Series COMMON Comm | Par Value  NO PAR VALUE  r, Receiver or Truste   |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  he President, Vice Pre  JUL 25 2005  By CMC | City  City  SHARES ISSUED ("X" ISSUED SHARES Number of Shares  500  Sident, Secretary, Assis   | Class/Series  COMMON  Stant Secretary, Treasures   | Par Value  NO PAR VALUE  r, Receiver or Truste   |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  he President, Vice Pre  JUL 25 2005  By CMC | City  City  SHARES ISSUED ("X" ISSUED SHARES Number of Shares  500  Sident, Secretary, Assis   | Class/Series  COMMON  Stant Secretary, Treasures   | Par Value  NO PAR VALUE  r, Receiver or Truste   |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  he President, Vice Pre  JUL 2 5 2005        | City  City  SHARES ISSUED ("X" ISSUED SHARES Number of Shares  500  Sident, Secretary, Assis   | Class/Series COMMON Class/Series COMMON Comm | Par Value  NO PAR VALUE  r, Receiver or Truste   |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON                         | Par Value  NO PAR VAL  he President, Vice Pre  JUL 25 2005  By CMC | City  City  SHARES ISSUED ("X" ISSUED SHARES Number of Shares  500  Sident, Secretary, Assis   | Class/Series  COMMON  Stant Secretary, Treasures   | Par Value  NO PAR VALUE  T, Receiver or Truste  I have examined and statements, and correct. |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500   | Class/Series  COMMON  ned in ink by either i | Par Value  NO PAR VAL  he President, Vice Pre  JUL 25 2005  By CMC | In Shares Issued ("X" Issued Shares Number of Shares 500  Under penalty of perthis report, including and mat all statement                           | Class/Series  COMMON  Class/Series  COMMON  Co | Par Value  NO PAR VALUE  I have examined as and statements, and correct.                     |  |
| City  10. SHARES AUTHORI: AUTHORIZED SHARES Number of Shares 2500  This report must be sig.                    | Class/Series  COMMON  ned in ink by either i | Par Value  NO PAR VAL  he President, Vice Pre  JUL 25 2005  By CMC | In Shares Issued ("X" Issued Shares Number of Shares  500  Under penalty of perthis report, including and that all statements  Signstiffe of Officer | Class/Series  COMMON  Class/Series  COMMON  Co | Par Value  NO PAR VALUE  I have examined as and statements, and correct.                     |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500  This report must be signed.                  | Class/Series  COMMON  ned in ink by either i | Par Value  NO PAR VAL  he President, Vice Pre  JUL 25 2005  By CMC | Under penalty of per this report, including and mat all statement.  Signstiffe of Officer OSCAR RO   | Class/Series COMMON Class/Series COMMON Contained Affirm that gany accompanying schedule and affirm that gany accompanying schedule at scontained herein are true accompanying schedule at schedule accompanying schedule at schedule accompanying schedule at schedule accompanying schedule at schedule accompanying schedule accompanying schedule at schedule accompanying schedule accompan | Par Value  NO PAR VALUE  I have examined as and statements, and correct.                     |  |
| City  10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 2500  This report must be sign File Date Check No. | Class/Series  COMMON  ned in ink by either i | Par Value  NO PAR VAL  he President, Vice Pre  JUL 25 2005  By CMC | Under penalty of per this report, including and mat all statement.  Signature of Officer OSCAR RO  | Class/Series COMMON Class/Series COMMON Contained Affirm that gany accompanying schedule and affirm that gany accompanying schedule at scontained herein are true accompanying schedule at schedule accompanying schedule at schedule accompanying schedule at schedule accompanying schedule at schedule accompanying schedule accompanying schedule at schedule accompanying schedule accompan | Par Value  NO PAR VALUE  I have examined as and statements, and correct.                     |  |
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Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

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(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. RHODE ISLAND SERVICE STATION, INC 97004 State Zip 3. Street Address Principal Business Office RHODE ISLAND 02907 **PROVIDENCE** 953 BROAD STREET 6. SIC Code 5. State of Incorporation 4. Business Phone No. 3558 RHODE ISLAND (401) 461-9218 7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the business of Mechanics, gasoline and gasoil at retail and related service as a gas 8. NAMES AND ADDRESSES OF THE OFFICERS' ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name . ANA BATISTA OSCAR RODRIGUEZ Street Address Street Address . 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE Zio State State Zip City 02905-4103 RHODE ISLAND . PROVIDENCE RHODE ISLAND 02905-4103 PROVIDENCE Tréasurer Name Secretary Name OSCAR RODRIGUEZ ANA BATISTA Street Address Street Address 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE Zip City State Zip State City 02905-4103 RHODE ISLAND RHODE ISLAND 02905-4103 PROVIDENCE PROVIDENCE 9: NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL! IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name ANA BATISTA OSCAR RODRIGUEZ Street Address Street Address 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE State •City Zip City 502905-4103 RHODE ISLAND RHODE ISLAND 02905-4103 PROVIDENCE **PROVIDENCE** Director Name Director Name ·Street Address Street Address (D) State Zip City 11 SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Par Value Class/Series Number of Shares NO PAR VALUE COMMON NO PAR VALI 500 COMMON 2500 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee FILED

By

File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

| Under penalty of perjury, I declare and a<br>this report, including any accompanying<br>and that all retempts contained herein   | schedules and statements, |
|--|---------------------------|
| The state of the s | 7-25-05                   |
| Signature of Officer   | Date                      |
| OSCAR RODRIGUEZ  Print or Type Name of Officer   |                           |
|  |                           |
| President Title of Officer   | Form 630 12/01            |
| Tale of Officer  | ••••                      |



(FORM MUST BE TYPED IN BLACK)

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

| I. Corporate ID No.<br>97004         | RHODE ISLAND           | SERVICE STATION                              | , INC   |  |  |  |
|--------------------------------------|------------------------|--|---|--|--|--|
| 3. Street Address Principal Busin    | <u></u>                | · · · · · · · · · · · · · · · · · · ·        | City  | State  | Zip  |  |
| 953 BROAD STREET                     |                        |  | PROVIDENCE  | RHODE ISLAND   | 02907  |  |
| . Business Phone No.                 |                        | 5. State of Incorporation                    |   |  | 6. SIC Code                                  |  |
| (401) 461-9218                       |                        | RHODE ISLAND                                 |   |  | 3558   |  |
| station                              |                        |  |   | nd related service a   |  |  |
| B. NAMES AND ADDRESS                 | SES OF THE OFFICE      |  |   | CES BEFORE USING ATTAC   | HMENTS                                       |  |
| President Name                       |                        |  | Vice President Name ANA BATISTA   |  |  |  |
| OSCAR RODRIGUEZ                      |                        |  | ANA BATISTA  * Sireel Address   |  |  |  |
| ireel Address                        | 10                     | •  | 335 BAY VIEW AVE  | ente.  |  |  |
| 335 BAY VIEW AVENT                   |                        |  | City  | State  | Zip  |  |
| City<br>DROUTDENCE                   | RHODE ISLAND           | ,  | PROVIDENCE  | RHODE ISLAND   | 02905-4103                                   |  |
| PROVIDENCE<br>ecreiary Name          | I KNODE TSDAND         | 00,00  | Tréasiurer Name   |  | 1  |  |
| NA BATISTA                           |                        |  | OSCAR RODRIGUEZ   |  |  |  |
|                                      |                        |  | Street Address  |  | <del></del>                                  |  |
| Sireei Address<br>335 BAY VIEW AVENT | ना                     |  | 335 BAY VIEW AVE  | ENUE   |  |  |
|                                      |                        |  | City  | State  | Zip  |  |
| City                                 | State RHODE ISLAND     | 1-7  | PROVIDENCE  | RHODE ISLAND   | 02905-4103                                   |  |
| PROVIDENCE                           |                        |  |   | <u></u>  | <u> </u>                                     |  |
|                                      | SES OF THE DIRECT      |  | ACHMENT) LIFTUL IN SI<br>Director Name  | PACES BEFORE USING ATT   | Cimensions                                   |  |
| Director Name                        |                        | `  | •   |  |  |  |
| OSCAR RODRIGUEZ                      |                        |  | ANA BATISTA   |  |  |  |
| Sireei Address                       |                        |  | Street Address  |  |  |  |
| 335 BAY VIEW AVEN                    | <u>т</u>               |  | 335 BAY VIEW AV   |  |  |  |
| City                                 | State                  |  | City  | State  | Zip 0<br>02905-41,03                         |  |
| PROVIDENCE<br>Director Name          | RHODE ISLAND           | 02905-4103                                   | PROVIDENCE Director Name  | RHODE ISLAND   | 02905-4103                                   |  |
| Street Address                       |                        |  | Street Address  |  | <u> </u>                                     |  |
| City                                 | State                  | Zip  | .City   | State  | स्क्र डिट                                    |  |
| Lity                                 |                        |  | •   | }  | N 05.  |  |
| 10. SHARES AUTHORIZ                  | ED WY BOY FOR ATT      | ACHMENT [                                    | 11 CHARFS ISSUED /"Y"   | BOX FOR ATTACHMENT)  | 14°  |  |
| AUTHORIZED SHARES                    | ED ("A" BUA PORATI     | CHMENT)                                      | ISSUED SHARES   |  | ٠  |  |
| Number of Shares                     | Class/Series           | Par Value                                    | Number of Shares  | Class/Series   | Par Value                                    |  |
| - Tarriber by Briance                | -                      |  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
| 2500                                 | COMMON                 | NO PAR VAL                                   | 500   | COMMON   | NO PAR VALUE                                 |  |
|                                      |                        |  | L   |  |  |  |
|                                      |                        |  |   |  |  |  |
|                                      |                        |  |   |  |  |  |
| This report must be sign             | ed in ink by either th | e President, Vice Pres                       | sident, Secretary, Assis  | tant Secretary, Treasurer  | Receiver or Truste                           |  |
| This report must be sign             | F                      | e President, Vice Pres<br>FILED<br>L 25 2005 |   | _  |  |  |
| This report must be sign             | <b></b><br>JU          | L 2 5 2005                                   | Under penalty of perj   | jury I declare and affirm that any accompanying schedules                                      | I have examined and statements.              |  |
| This report must be sign             | <b></b><br>JU          | L 25 2005<br>Lm                              | Under penalty of perj   | jury I declare and affirm that   | I have examined and statements, and correct. |  |
| This report must be sign             | <b></b><br>JU          | L 2 5 2005                                   | Under penalty of per<br>this report, including<br>and that all statement                          | jury I declare and affirm that any accompanying schedules                                      | I have examined and statements,              |  |
|                                      | <b></b><br>JU          | L 25 2005<br>Lm                              | Under penalty of per this report, including and that all systemen signature of officer OSCAR ROLL | jury I declare and affirm that any accompanying schedules to contained herein are true as Date | I have examined and statements, and correct. |  |
| File Date                            | <b></b><br>JU          | L 25 2005<br>Lm                              | Under penalty of pertition this report, including and that all statements                         | jury I declare and affirm that any accompanying schedules to contained herein are true as Date | I have examined and statements, and correct. |  |
| File Date                            | <b></b><br>JU          | L 25 2005<br>Lm                              | Under penalty of per this report, including and that all systemen signature of officer OSCAR ROLL | jury I declare and affirm that any accompanying schedules to contained herein are true as Date | I have examined and statements, and correct. |  |



File Date\_

Check No.

FOR SECRETARY OF STATE USE ONLY

Bv:

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>1999</u> Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. RHODE ISLAND SERVICE STATION, INC 97004 State Zip 3. Street Address Principal Business Office RHODE ISLAND 02907 PROVIDENCE 953 BROAD STREET 6. SIC Code 5. State of Incorporation 4. Business Phone No. 3558 RHODE ISLAND (401) 461-9218 7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the business of Mechanics, gasoline and gasoil at retail and related service as a gas 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name . ANA BATISTA OSCAR RODRIGUEZ Street Address Street Address . 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE State Zio Zip City RHODE ISLAND 02905-4103 . PROVIDENCE RHODE ISLAND 02905-4103 PROVIDENCE Treasurer Name Secretary Name OSCAR RODRIGUEZ ANA BATISTA Street Address Street Address 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE State City Zip State City 02905-4103 RHODE ISLAND 02905-4103 . PROVIDENCE RHODE ISLAND PROVIDENCE 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name 'ANA BATISTA OSCAR RODRIGUEZ Street Address Street Address 335 BAY VIEW AVENUE 335 BAY VIEW AVENUE State · City Zip \$2905.4103 State City RHODE ISLAND RHODE ISLAND 02905-4103 PROVIDENCE **PROVIDENCE** Director Name N Director Name Street Address Street Address र्ति State State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Par Value Class/Series Number of Shares NO PAR VALUE COMMON NO PAR VAL 500 COMMON 2500 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee FILED JUL 25 2005 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.

OSCAR RODRIGUEZ

Form 630 12/01

Print or Type Name of Officer

President

Title of Officer

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1 - March 1 Filing Fee: \$50.00.

| ORM MUST BE TYPED IN                       | BLACK)                              |                           | <u> </u>                           |                                  |                       |  |
|--|-------------------------------------|---------------------------|------------------------------------|----------------------------------|-----------------------|--|
| . Corporate ID No.<br>97004                | 2. Name of Corporation RHODE ISLANI | ,<br>D SERVICE STATION    | I, INC                             |                                  |                       |  |
| 97004<br>. Street Address Principal Bus    | <u></u>                             |                           | City                               | State                            | Zip                   |  |
| 953 BROAD STREET                           |                                     |                           | PROVIDENCE                         | RHODE ISLAND                     | 02907                 |  |
| Business Phone No.                         |                                     | 5. State of Incorporation |                                    |                                  | 6. SIC Code           |  |
| (401) 461-9218 RHODE ISLAND                |                                     |                           |                                    | 3558                             |                       |  |
|  |                                     |                           |                                    | nd related service a             |                       |  |
| 8. NAMES AND ADDRES                        | SSES OF THE OFFICE                  | RS ("X" BOX FOR ATTA      | CHMENT)   FILL IN SPA              | ACES BEFORE USING ATTAC          | HMENTS                |  |
| resident Name                              |                                     |                           | Vice President Name ANA BATISTA    |                                  |                       |  |
| USCAR RODRIGUEZ                            |                                     |                           | Street Address                     |                                  |                       |  |
| iree <i>i Address</i><br>335 BAY VIEW AVEI | NUE                                 |                           | .335 BAY VIEW AV                   | ENUE                             |                       |  |
| City                                       | State                               | Zip                       | City                               | State                            | Zip                   |  |
| PROVIDENCE                                 | RHODE ISLAND                        | 02905-4103                | PROVIDENCE                         | RHODE ISLAND                     | 02905-4103            |  |
| ecretary Name                              |                                     |                           | OSCAR RODRIGUEZ                    |                                  |                       |  |
| ANA BATISTA                                |                                     |                           | Street Address                     |                                  |                       |  |
| Sireei Address<br>335 BAY VIEW AVEI        | NUE                                 |                           | .335 BAY VIEW AVENUE               |                                  |                       |  |
| City                                       | State                               | Zip                       | City                               | State                            | Zip                   |  |
| PROVIDENCE                                 | RHODE ISLAND                        |                           | PROVIDENCE                         | RHODE ISLAND                     | 02905-4103            |  |
| 9. NAMES AND ADDRE                         | SSES OF THE DIREC                   | TORS ("X" BOX FOR AT      | TACHMENT   FILL IN S               | PACES BEFORE USING ATT           | ACHMENTS              |  |
| Director Name                              |                                     |                           | .Director Name                     |                                  |                       |  |
| OSCAR RODRIGUEZ                            |                                     |                           | ANA BATISTA                        |                                  |                       |  |
| Street Address                             |                                     |                           | Street Address 335 BAY VIEW AVENUE |                                  |                       |  |
| 335 BAY VIEW AVE                           |                                     | 100                       | <del></del>                        | State                            | Zip                   |  |
| Ciry                                       | State                               | Zip                       | •City • PROVIDENCE                 | RHODE ISLAND                     | 905-4103              |  |
| PROVIDENCE<br>Director Name                | RHODE ISLAND                        | 0 02905-4103              | Director Name                      |                                  | 2.JUL                 |  |
| Street Address                             |                                     |                           | ·Street Address                    |                                  | 25                    |  |
| City                                       | State                               | Zip                       | .Cliy                              | State                            | 0F                    |  |
| 10. SHARES AUTHORI                         | ZED ("X" BOX FOR AT                 | TACHMENT) 🔲               | 11. SHARES ISSUED ("?              | X" BOX FOR ATTACHMENT)           |                       |  |
| AUTHORIZED SHARES                          |                                     |                           | ISSUED SHARES                      | 10) 10                           | Par Value             |  |
| Number of Shares                           | Class/Series                        | Par Value                 | Number of Shares                   | Class/Series                     | - Fai rainții         |  |
| 2500                                       | COMMON                              | NO PAR VA                 | 500                                | СОММОИ                           | NO PAR VALUE          |  |
|  |                                     |                           |                                    |                                  |                       |  |
| This report must be sig                    |                                     |                           | esident, Secretary, Ass            | istant Secretary, Treasure       | r, Receiver or Truste |  |
|  | FIL                                 | ED                        |                                    |                                  |                       |  |
|  |                                     |                           |                                    |                                  |                       |  |
|  | JUL 2                               | ე                         | Under negatively or                | erlury, I declare and affirm tha | t I have examined     |  |
|  | <u></u>                             | r ml                      | this report, includir              | any accompanying schedule        | es and statements,    |  |
|  | <del></del>                         | 7-1-1.0.6                 | and that all statemy               | ints contained herein are true a | 3                     |  |
|  | <b>, -</b>                          | tone<br>Cnaceny           | / Hitts                            | 7                                | 775                   |  |
| File Dote                                  | <del></del>                         |                           | VOD~                               | Date                             | 7-25-                 |  |
| l  |                                     |                           | Signature of Officer               | <del>-</del>                     | · •                   |  |
| Check No                                   |                                     |                           | OSCAR RO                           |                                  |                       |  |
| <b>8</b>                                   |                                     | 1 _                       | Print or Type Name o               | oj Ojjicer                       |                       |  |
| B <u>y:</u>                                | ATT HAT ONTH                        |                           | President                          | <u></u>                          | F== 430.10            |  |
| FOR SECRETARY OF STA                       | ALE USE UNLY                        |                           | Title of Officer                   |                                  | Form 630 12/          |  |
|  |                                     |                           |                                    |                                  |                       |  |