



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP

FEB 26 2018

BY

29239

1. Entity ID Number 10901		2. Exact name of the Corporation Ginger's Service Station, Inc.									
3. Principal Office Address 110 Oak Street			City Westerly	State RI	Zip 02891						
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island Gasoline Service Station									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Eugene J. Gencarelli, Jr.			Vice-President Name Jeannine M. Gencarelli/Brian Morrone, Exec. VP								
Street Address 110 Oak Street			Street Address 110 Oak Street								
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891						
Secretary Name Jeannine M. Gencarelli			Treasurer Name Eugene J. Gencarelli, Jr.								
Street Address 110 Oak Street			Street Address 110 Oak Street								
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Eugene J. Gencarelli, Jr.			Director Name Jeannine M. Gencarelli								
Street Address 110 Oak Street			Street Address 110 Oak Street								
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>											
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 <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par Value									
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 Eugene J. Gencarelli, Jr., President					Date 2/20/18						
Signature of Authorized Representative <i>Eugene Gencarelli</i>											
SIGN DOCUMENT HERE											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov