State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP
FEB 26 2018
BY 29239

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.

1. Entity ID Number	2. Exact name of the Corporation			
10901	**Ginger's Service Station, Inc.**			
3 Principal Office Address		City	State	Zip
110 Oak Street		**Westerly**	**RI**	**02891**
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
447190	**Gasoline Service Station**			
5 State of Incorporation				
Rhode Island				

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

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 ☐

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

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 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		Date
Eugene J. Gencarelli, Jr., President	Eugene Gencarelli	2/20/18

Signature of Authorized Representative

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

FORM 630 - Revised: 10/2017