



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 148521		2. Exact name of the Corporation U Save Gas, Inc.			
3. Principal Office Address 469 Benefit Street			City 02860	State RI	Zip
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island To own and operate a gasoline station and convenience store business			
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 Joseph Roukoz			Vice-President Name Jean Claude Roukoz		
Street Address 265 Pleasant Street			Street Address 38 Stripper Circle		
City Somerset	State MA	Zip 02726	City N. Dartmouth	State MA	Zip 02745
Secretary Name Jean Claude Roukoz			Treasurer Name Joseph Roukoz		
Street Address 38 Stripper Circle			Street Address 265 Pleasant Street		
City N. Dartmouth	State MA	Zip 02745	City Somerset	State MA	Zip 02726
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jean Claude Roukoz			Director Name Joseph Roukoz		
Street Address 38 Stripper Circle			Street Address 265 Pleasant Street		
City N. Dartmouth	State MA	Zip 02745	City Somerset	State MA	Zip 02726
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	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 Joseph Roukoz					Date 2/9/18
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

FILED
 MAR 01 2018

RV

5876