



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3010

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|                                                                                                                                    |              |                                                      |                    |                     |
|------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------|--------------------|---------------------|
| 1. Corporate ID No.<br>14505                                                                                                       |              | 2. Name of Corporation<br>Vic's Texaco Station, Inc. |                    |                     |
| 3. Street Address Principal Business Office<br>424 Maple Avenue                                                                    |              | City<br>Barrington                                   | State<br>RI        | Zip<br>02806        |
| 4. Business Phone No.<br>401 245 9439                                                                                              |              | 5. State of Incorporation<br>RHODE ISLAND            |                    | 6. SIC Code<br>3558 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>GASOLINE SALES AND MINOR REPAIRS                    |              |                                                      |                    |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                                      |                    |                     |
| President Name<br>Victor Teixeira                                                                                                  |              | Vice President Name                                  |                    |                     |
| Street Address<br>5 Josal Drive                                                                                                    |              | Street Address                                       |                    |                     |
| City<br>Barrington                                                                                                                 | State<br>RI  | Zip<br>02806                                         | City               | State               |
| Secretary Name<br>Dorothy Andreozzi                                                                                                |              | Treasurer Name<br>Mary C. Teixeira                   |                    |                     |
| Street Address<br>8 Josal Drive                                                                                                    |              | Street Address<br>5 Josal Drive                      |                    |                     |
| City<br>Barrington                                                                                                                 | State<br>RI  | Zip<br>02806                                         | City<br>Barrington | State<br>RI         |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                      |                    |                     |
| Director Name<br>NONE                                                                                                              |              | Director Name<br>NONE                                |                    |                     |
| Street Address                                                                                                                     |              | Street Address                                       |                    |                     |
| City                                                                                                                               | State        | Zip                                                  | City               | State               |
| Director Name<br>NONE                                                                                                              |              | Director Name                                        |                    |                     |
| Street Address                                                                                                                     |              | Street Address<br>NONE                               |                    |                     |
| City                                                                                                                               | State        | Zip                                                  | City               | State               |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                            |              |                                                      |                    |                     |
| AUTHORIZED SHARES                                                                                                                  |              |                                                      |                    |                     |
| Number of Shares                                                                                                                   | Class/Series | Par Value                                            | Number of Shares   | Class/Series        |
| 600 COMM NO PAR VALUE                                                                                                              |              |                                                      | NONE               |                     |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                |              |                                                      |                    |                     |
| ISSUED SHARES                                                                                                                      |              |                                                      |                    |                     |
| Number of Shares                                                                                                                   | Class/Series | Par Value                                            | Number of Shares   | Class/Series        |
|                                                                                                                                    |              |                                                      |                    |                     |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



|                                 |         |
|---------------------------------|---------|
| File Date                       | 2-17-05 |
| Check No.                       | 6773    |
| By:                             | LB      |
| FOR SECRETARY OF STATE USE ONLY |         |

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.

Signature of Officer: Mary C. Teixeira  
Date: 2/1/05  
Print or Type Name of Officer: Mary C. Teixeira  
Title of Officer: Treasurer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|                                                                                                                                    |              |                                                      |                                                                     |              |                     |
|------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------|---------------------------------------------------------------------|--------------|---------------------|
| 1. Corporate ID No.<br>14505                                                                                                       |              | 2. Name of Corporation<br>Vic's Texaco Station, Inc. |                                                                     |              |                     |
| 3. Street Address Principal Business Office<br>424 MAPLE AVENUE                                                                    |              | City<br>BARRINGTON                                   | State<br>RI                                                         | Zip<br>02806 |                     |
| 4. Business Phone No.<br>401-245-9439                                                                                              |              | 5. State of Incorporation<br>RHODE ISLAND            |                                                                     |              | 6. SIC Code<br>3558 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>GASOLINE SALES AND MINOR REPAIRS                    |              |                                                      |                                                                     |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                                      |                                                                     |              |                     |
| President Name<br>VICTOR TEIXEIRA                                                                                                  |              |                                                      | Vice President Name                                                 |              |                     |
| Street Address<br>5 JOSAL DRIVE                                                                                                    |              |                                                      | Street Address                                                      |              |                     |
| City<br>BARRINGTON                                                                                                                 | State<br>RI  | Zip<br>02806                                         | City                                                                | State        | Zip                 |
| Secretary Name<br>DOROTHY ANDREOZZI                                                                                                |              |                                                      | Treasurer Name<br>MARY C. TEIXEIRA                                  |              |                     |
| Street Address<br>8 JOSAL DRIVE                                                                                                    |              |                                                      | Street Address<br>5 JOSAL DRIVE                                     |              |                     |
| City<br>BARRINGTON                                                                                                                 | State<br>RI  | Zip<br>02806                                         | City<br>BARRINGTON                                                  | State<br>RI  | Zip<br>02806        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                      |                                                                     |              |                     |
| Director Name<br>NONE                                                                                                              |              |                                                      | Director Name<br>NONE                                               |              |                     |
| Street Address                                                                                                                     |              |                                                      | Street Address                                                      |              |                     |
| City                                                                                                                               | State        | Zip                                                  | City                                                                | State        | Zip                 |
| Director Name<br>NONE                                                                                                              |              |                                                      | Director Name<br>NONE                                               |              |                     |
| Street Address                                                                                                                     |              |                                                      | Street Address                                                      |              |                     |
| City                                                                                                                               | State        | Zip                                                  | City                                                                | State        | Zip                 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                            |              |                                                      | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                     |
| AUTHORIZED SHARES                                                                                                                  |              |                                                      | ISSUED SHARES                                                       |              |                     |
| Number of Shares                                                                                                                   | Class/Series | Par Value                                            | Number of Shares                                                    | Class/Series | Par Value           |
| 600 COMM NO PAR VALUE                                                                                                              |              |                                                      | NONE                                                                |              |                     |
|                                                                                                                                    |              |                                                      |                                                                     |              |                     |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 4 5 0 5 \*

File Date 2-10-04  
Check No. 6570  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Mary C. Teixeira 2/1/03  
Date  
Print or Type Name of Officer MARY C. TEIXEIRA  
Title of Officer TREASURER



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

LAWRENCE S. INMAN, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

14505

Vic's Texaco Station, Inc.

3. Street Address Principal Business Office

424 Maple Avenue

City

Barrington

State

RI

Zip

02806

4. Business Phone No.

401 245 9439

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3558

7. Brief Description of the Character of Business Conducted in Rhode Island

Gasoline Sales and Minor Repairs

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Victor Teixeira

Vice President Name

NONE

Street Address

5 Josal Drive

Street Address

City

Barrington

State

RI

Zip

02806

City

State

Zip

Secretary Name

DOROTHY ANDREOZZI

Treasurer Name

Mary C. Teixeira

Street Address

8 Josal Drive

Street Address

5 Josal Drive

City

Barrington

State

RI

Zip

02806

City

Barrington

State

RI

Zip

02806

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 4 5 0 5 \*

File Date:

2/4/03

Check No.:

6368

SM

SECRETARY OF STATE USE ONLY

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.

Mary C. Teixeira

Signature of Officer

2/1/03

Date

Mary C. Teixeira

Print or Type Name of Officer

Treasurer

Title of Officer

Form 630 12/02



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **14505**  
2. Name of Corporation **Vic's Texaco Station, Inc.**  
3. Street Address Principal Business Office  
**424 Maple Ave.**  
4. Business Phone No. **401 245 9439**  
5. State of Incorporation **RHODE ISLAND**

City **Barrington** State **RI** Zip **02806**  
6. SIC Code **3558**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Gasoline Sales and minor repairs**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **VICTOR TEIXEIRA**  
Street Address **5 JOSAL DRIVE**  
City **BARRINGTON** State **RI** Zip **02806**

Vice President Name **NONE**  
Street Address  
City State Zip

Secretary Name **DOROTHY ANDREOZZI**  
Street Address **8 JOSAL DRIVE**  
City **BARRINGTON** State **RI** Zip **02806**

Treasurer Name **Mary C. TEIXEIRA**  
Street Address **5 JOSAL DRIVE**  
City **BARRINGTON** State **RI** Zip **02806**

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **NONE**  
Street Address  
City State Zip

Director Name **NONE**  
Street Address  
City State Zip

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 COMM NO PAR VALUE**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 4 5 0 5 \*

**2.25-02**

File Date: **6/16/07**

Check No.: **2**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Mary C. Teixeira** Date **2/9/02**

Print or Type Name of Officer **Mary C. Teixeira**

Title of Officer **Treasurer**



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **14505** 2. Name of Corporation **Vic's Texaco Station, Inc.**

3. Street Address Principal Business Office

**424 Maple Avenue**

City **Barrington**

State **RI**

Zip **02806**

4. Business Phone No.

**401-245-9439**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**5558**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Gasoline sales and minor repairs**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Victor Teixeira**

Street Address

**5 Josal Drive**

City **Barrington**

State **RI**

Zip **02806**

Vice President Name

**- NONE -**

Street Address

**5 Josal Drive**

City

State

Zip

Secretary Name

**Dorothy A. Andreozzi**

Street Address

**8 Josal Drive**

City **Barrington**

State **RI**

Zip **02806**

Treasurer Name

**Mary C. Teixeira**

Street Address

**5 Josal Drive**

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**NONE**

Street Address

Director Name

**NONE**

Street Address

City

State

Zip

City

State

Zip

Director Name

**NONE**

Street Address

Director Name

**NONE**

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**600 NO PAR COM**

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 4 5 0 5 \*

File Date: 2/15

Check No.: 5961

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Mary C. Teixeira Date 2/5/01

Print or Type Name of Officer MARY C. TEIXEIRA

Title of Officer Treasurer



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

James R. Langevin, 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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 14505 2. Name of Corporation Vic's Texaco Station, Inc.

3. Street Address Principal Business Office

424 MAPLE AVENUE

City

BARRINGTON

State

RI

Zip

02806

4. Business Phone No.

401-245-9439

5. State of Incorporation  
RHODE ISLAND

6. SIC Code  
3558

7. Brief Description of the Character of Business Conducted in Rhode Island

Gas station - sale of gasoline and minor auto repairs

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

VICTOR TEIXEIRA

Vice President Name

NONE

Street Address

5 JOSAL DRIVE

Street Address

City BARRINGTON State RI Zip 02806

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name

DOROTHY A. ANDREOZZI

Treasurer Name

MARY C. TEIXEIRA

Street Address

8 JOSAL DRIVE

Street Address

5 JOSAL DRIVE

City BARRINGTON State RI Zip 02806

City BARRINGTON State RI Zip 02806

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

| Number of Shares      | Class/Series | Par Value |
|-----------------------|--------------|-----------|
| <u>600 NO PAR COM</u> |              |           |

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| <u>NONE</u>      |              |           |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 4 5 0 5 \*

File Date: 2/15/00

Check No.: 5748

By: DJM

FOR SECRETARY OF STATE USE ONLY

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.

Mary C. Teixeira 2/15/2000  
Signature of Officer Date

MARY C. TEIXEIRA  
Print or Type Name of Officer

Treasurer  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)



|                                                                                                                                             |                    |                                                             |                                           |                    |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|-------------------------------------------|--------------------|----------------------------|
| 1. Corporate ID No.<br><b>14505</b>                                                                                                         |                    | 2. Name of Corporation<br><b>Vic's Texaco Station, Inc.</b> |                                           |                    |                            |
| 3. Street Address Principal Business Office<br><b>424 Maple Avenue</b>                                                                      |                    |                                                             | City<br><b>Barrington</b>                 | State<br><b>RI</b> | Zip<br><b>02806</b>        |
| 4. Business Phone No.<br><b>401-245-9439</b>                                                                                                |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>            |                                           |                    | 6. SIC Code<br><b>3558</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Gas Station - sale of gasoline and minor auto repairs</b> |                    |                                                             |                                           |                    |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>                              |                    |                                                             |                                           |                    |                            |
| President Name<br><b>VICTOR TEIXEIRA</b>                                                                                                    |                    |                                                             | Vice President Name<br><b>NONE</b>        |                    |                            |
| Street Address<br><b>5 Josal Drive</b>                                                                                                      |                    |                                                             | Street Address                            |                    |                            |
| City<br><b>Barrington</b>                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02806</b>                                         | City                                      | State              | Zip                        |
| Secretary Name<br><b>Dorothy A. Andreozzi</b>                                                                                               |                    |                                                             | Treasurer Name<br><b>Mary C. Teixeira</b> |                    |                            |
| Street Address<br><b>8 Josal Drive</b>                                                                                                      |                    |                                                             | Street Address<br><b>5 Josal Drive</b>    |                    |                            |
| City<br><b>Barrington</b>                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02806</b>                                         | City<br><b>Barrington</b>                 | State<br><b>RI</b> | Zip<br><b>02806</b>        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>                             |                    |                                                             |                                           |                    |                            |
| Director Name<br><b>NONE</b>                                                                                                                |                    |                                                             | Director Name<br><b>NONE</b>              |                    |                            |
| Street Address                                                                                                                              |                    |                                                             | Street Address                            |                    |                            |
| City                                                                                                                                        | State              | Zip                                                         | City                                      | State              | Zip                        |
| Director Name<br><b>NONE</b>                                                                                                                |                    |                                                             | Director Name<br><b>NONE</b>              |                    |                            |
| Street Address                                                                                                                              |                    |                                                             | Street Address                            |                    |                            |
| City                                                                                                                                        | State              | Zip                                                         | City                                      | State              | Zip                        |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)                                                                                              |                    |                                                             |                                           |                    |                            |
| AUTHORIZED SHARES                                                                                                                           |                    |                                                             | ISSUED SHARES                             |                    |                            |
| Number of Shares                                                                                                                            | Class/Series       | Par Value                                                   | Number of Shares                          | Class/Series       | Par Value                  |
| <b>600 NO PAR COM</b>                                                                                                                       |                    |                                                             | <b>NONE</b>                               |                    |                            |
|                                                                                                                                             |                    |                                                             |                                           |                    |                            |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)                                                                                                  |                    |                                                             |                                           |                    |                            |
|                                                                                                                                             |                    |                                                             |                                           |                    |                            |
|                                                                                                                                             |                    |                                                             |                                           |                    |                            |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 4 5 0 5 \*

File Date: **Feb 16, 99**

Check No.: **5479**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**Mary C. Teixeira**  
Signature of Officer

**2/15/99**  
Date

**Mary C. Teixeira**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **14505** 2. Name of Corporation **Vic's Texaco Station, Inc.**  
3. Street Address Principal Business Office **424 MAPLE AVENUE** City **BARRINGTON** State **RI** Zip **02806**  
4. Business Phone No. **401-245-9439** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3558**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Gas station - sale of gasoline and minor auto repairs**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

**VICTOR TEIXEIRA**

Street Address

**5 JOSAL DRIVE**

City

**BARRINGTON**

State

**RI**

Zip

**02806**

Secretary Name

**DOROTHY A. ANDREOZZI**

Street Address

**8 JOSAL DRIVE**

City

**BARRINGTON**

State

**RI**

Zip

**02806**

Vice President Name

**NONE**

Street Address

City

State

Zip

Treasurer Name

**MARY C. TEIXEIRA**

Street Address

**5 JOSAL DRIVE**

City

**BARRINGTON**

State

**RI**

Zip

**02806**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

**NONE**

Street Address

City

State

Zip

Director Name

**NONE**

Street Address

City

State

Zip

Director Name

**NONE**

Street Address

City

State

Zip

Director Name

**NONE**

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**600 NO PAR COM**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **2.18.98**

Check No.: **5215**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**Mary C. Teixeira** **2/15/98**  
Signature of Officer Date

**Mary C. Teixeira**  
Print or Type Name of Officer

**Treasurer** **2/15/98**  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

|                                                                                                                                             |                      |                                                             |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|----------------------|
| 1. Corporate ID No.<br><b>14505</b>                                                                                                         |                      | 2. Name of Corporation<br><b>Vic's Texaco Station, Inc.</b> |                      |
| 3. Street Address Principal Business Office<br><b>424 Maple Avenue</b>                                                                      |                      | City<br><b>Barrington</b>                                   | State<br><b>R.I.</b> |
| 4. Business Phone No.<br><b>401 245 9439</b>                                                                                                |                      | 5. State of Incorporation<br><b>RHODE ISLAND</b>            | Zip<br><b>02806</b>  |
| 6. SIC Code<br><b>3558</b>                                                                                                                  |                      |                                                             |                      |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Gas station - sale of gasoline and minor auto repairs</b> |                      |                                                             |                      |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)                                                                             |                      |                                                             |                      |
| President Name<br><b>VICTOR TEIXEIRA</b>                                                                                                    |                      | Vice President Name<br><b>None</b>                          |                      |
| Street Address<br><b>5 JOSAL DRIVE</b>                                                                                                      |                      | Street Address                                              |                      |
| City<br><b>BARRINGTON</b>                                                                                                                   | State<br><b>R.I.</b> | City                                                        | State                |
| Zip<br><b>02806</b>                                                                                                                         |                      | Zip                                                         |                      |
| Secretary Name<br><b>DOROTHY A. TEIXEIRA ANDREOZZI</b>                                                                                      |                      | Treasurer Name<br><b>MARY C. TEIXEIRA</b>                   |                      |
| Street Address<br><b>8 JOSAL DRIVE</b>                                                                                                      |                      | Street Address<br><b>5 JOSAL DRIVE</b>                      |                      |
| City<br><b>BARRINGTON</b>                                                                                                                   | State<br><b>RI</b>   | City<br><b>BARRINGTON</b>                                   | State<br><b>RI</b>   |
| Zip<br><b>02806</b>                                                                                                                         |                      | Zip<br><b>02806</b>                                         |                      |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)                                                                            |                      |                                                             |                      |
| Director Name<br><b>None</b>                                                                                                                |                      | Director Name<br><b>None</b>                                |                      |
| Street Address                                                                                                                              |                      | Street Address                                              |                      |
| City                                                                                                                                        | State                | City                                                        | State                |
| Zip                                                                                                                                         |                      | Zip                                                         |                      |
| Director Name<br><b>None</b>                                                                                                                |                      | Director Name<br><b>None</b>                                |                      |
| Street Address                                                                                                                              |                      | Street Address                                              |                      |
| City                                                                                                                                        | State                | City                                                        | State                |
| Zip                                                                                                                                         |                      | Zip                                                         |                      |
| 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)                                                                                   |                      |                                                             |                      |
| AUTHORIZED SHARES                                                                                                                           |                      | ISSUED SHARES                                               |                      |
| Number of Shares                                                                                                                            | Class/Series         | Number of Shares                                            | Class/Series         |
| <b>600 NO PAR COM</b>                                                                                                                       |                      | <b>None</b>                                                 |                      |
| Par Value                                                                                                                                   |                      | Par Value                                                   |                      |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 4 5 0 5 \*

File Date: **2-18-97**  
Check No.: **4912**  
By: **UP / JEC**

FOR SECRETARY OF STATE USE ONLY

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.

**Mary C. Teixeira** **2/15/97**  
Signature of Officer Date  
**Mary C. Teixeira**  
Print or Type Name of Officer  
**Treasurer** **2/15/97**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

|                                                                 |  |                                                      |                     |
|-----------------------------------------------------------------|--|------------------------------------------------------|---------------------|
| 1. CORPORATE ID NO.<br>14505                                    |  | 2. NAME OF CORPORATION<br>Vic's Texaco Station, Inc. |                     |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br>424 MAPLE AVENUE |  | CITY<br>BARRINGTON                                   | STATE<br>RI         |
| 4. BUSINESS PHONE NO.<br>401-245-9439                           |  | 5. STATE OF INCORPORATION<br>RHODE ISLAND            | 6. SIC CODE<br>3558 |

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Gas station - sale of gasoline and minor auto repairs

|                                        |             |                   |
|----------------------------------------|-------------|-------------------|
| 8. NAMES AND ADDRESSES OF THE OFFICERS |             |                   |
| PRESIDENT NAME<br>VICTOR TEIXEIRA      |             |                   |
| VICE PRESIDENT NAME<br>none            |             |                   |
| STREET ADDRESS<br>5 JOSAL DRIVE        |             |                   |
| CITY<br>BARRINGTON                     | STATE<br>RI | ZIP CODE<br>02806 |
| SECRETARY NAME<br>DOROTHY A. TEIXEIRA  |             |                   |
| TREASURER NAME<br>MARY C. TEIXEIRA     |             |                   |
| STREET ADDRESS<br>5 JOSAL DRIVE        |             |                   |
| CITY<br>BARRINGTON                     | STATE<br>RI | ZIP CODE<br>02806 |

|                                         |       |          |
|-----------------------------------------|-------|----------|
| 9. NAMES AND ADDRESSES OF THE DIRECTORS |       |          |
| DIRECTOR NAME<br>none                   |       |          |
| VICE DIRECTOR NAME<br>none              |       |          |
| STREET ADDRESS                          |       |          |
| CITY                                    | STATE | ZIP CODE |
| DIRECTOR NAME<br>none                   |       |          |
| VICE DIRECTOR NAME<br>none              |       |          |
| STREET ADDRESS                          |       |          |
| CITY                                    | STATE | ZIP CODE |

|                                  |                |           |                  |                |           |
|----------------------------------|----------------|-----------|------------------|----------------|-----------|
| 10. SHARES AUTHORIZED AND ISSUED |                |           |                  |                |           |
| AUTHORIZED SHARES                |                |           | ISSUED SHARES    |                |           |
| NUMBER OF SHARES                 | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 600 NO PAR COM                   |                |           | none             |                |           |
|                                  |                |           |                  |                |           |
|                                  |                |           |                  |                |           |

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

2/16/96

Check No:

4653

By:

*(Signature)*

For Secretary of State Use Only

*Mary C. Teixeira*  
Signature of Officer

*Mary C. Teixeira*  
Print or Type Name of Officer

*Treasurer*  
Title of Officer

2/15/96  
Date

DETACH BOTTOM BEFORE RETURNING

FORM 21 (12/95)

## State of Rhode Island and Providence Plantations



## Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

**ANNUAL REPORT**

Please Type or Print

File Annually -- Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0014505

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Vic's Texaco Station, Inc.

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office: \_\_\_\_\_

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

Gas station - sale of gas, oilMinor Auto RepairsPhone: ( 401 ) 245 - 9439

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

424 MAPLE AVENUE  
BARRINGTON, R.I. 02806Phone: ( 401 ) 245 - 9439**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

VICTOR TEIXEIRA 5 JOSAL DRIVE BARRINGTON, RI 02806

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

MARY TEIXEIRA 5 JOSAL DRIVE BARRINGTON, RI 02806**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

600No Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

600No ParDate February 4, 19 95By: Mary C. TeixeiraMARY TEIXEIRA

PRINT OR TYPE NAME OF OFFICER SIGNING

TREASURER

TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

VICTOR TEIXEIRA  
424 MAPLE AVENUE  
BARRINGTON RI 02806**FILED**

FEB 16 1995

By: [Signature]  
4394

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE OR PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
I.L.C. Sept. 1 - Nov. 1  
CORP. Jan. 1 - March 1

Corporate ID: 0014505 Annual Report for the year: 1994

Name of Business Entity: Vic's Texaco Station, Inc.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 245-9439

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

424 Maple Avenue  
BARRINGTON, R.I. 02806

Phone: (401) 245-9439

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

VICTOR TEIXEIRA  
5 Josal Drive  
Barr. RI 02806

Brief statement of the character of business conducted in Rhode Island:

GAS STATION - SALE OF  
GAS-OIL - MINOR AUTO REPAIRS

Date of Organization: 1-1-84

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
VICTOR TEIXEIRA 5 Josal Drive BARRINGTON, R.I. 02806

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CLERK OF RECORDS OR ☐ SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
MARY TEIXEIRA 5 Josal Drive BARRINGTON, R.I. 02806

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS

SERIES

PAR VALUE OR WITHOUT PAR NO PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 600

CLASS

SERIES

PAR VALUE OR WITHOUT PAR NO PAR

Date February 1, 1994

By: Mary Teixeira Treasurer

MARY TEIXEIRA

PRINT OR TYPE NAME OF OFFICER SIGNING

TREASURER

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FILED

MAR 29 1994

By AMT#29  
4090

VICTOR TEIXEIRA  
424 MAPLE AVE.  
BARRINGTON RI 02806

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

3796

Corporate ID 0014505 Annual Report for the year 1992

FIRST: The name of the corporation is Vic's Texaco Station, Inc.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is SALES - GASOLINE - MOBIL OIL

AUTO REPAIRS

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 424 MAPLE AVENUE

BARRINGTON, R.I. 02806

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

VICTOR TEIXEIRA President 5 JOSAL DRIVE, BARRINGTON, R.I. 02806

Vice President

DOROTHY M TEIXEIRA Secretary 5 JOSAL DRIVE, BARRINGTON, R.I. 02806

MARY KAY TEIXEIRA Treasurer 5 JOSAL DRIVE, BARRINGTON, R.I. 02806

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

NO PAR

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

NO PAR

Dated February 3 19 92

VIC'S TEXACO STATION  
(Name of Corporation)

By

Mary C. Teixeira

Title

Treasurer

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

CR 3464  
C.S. 41

Corporate ID 0014505

Annual Report for the year 1992

FIRST: The name of the corporation is Victor's Texaco Station, Inc.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is SALES OF GASOLINE, MOTOR OIL,  
REPAIRS TO AUTOS

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 424 MAPLE AVENUE -  
BARRINGTON, R.I. 02806

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

VICTOR TEIXEIRA

President

5 JOSAL DRIVE, BARRINGTON, R.I. 02806

Vice President

DOROTHY TEIXEIRA

Secretary

5 JOSAL DRIVE, BARRINGTON, R.I. 02806

MARY KAY TEIXEIRA

Treasurer

5 JOSAL DRIVE, BARRINGTON, RI 02806

SEVENTH: Number of Shares authorized:

No. of Shares

100

Class

Series

PAID

JAN 24 1992

SECY OF STATE

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

100

Class

Par Value  
or statement that  
shares are without  
par value

NO PAR VALUE

Dated January 24 1992

Victor's Texaco Station, Inc.  
(Name of Corporation)

By Mary Kay Teixeira

Title Secretary

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

1991

Corporate ID 0014505

Annual Report for the year

Vic's Texaco Station, Inc.

FIRST: The name of the corporation is

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

SALE OF GAS - AUTO REPAIRS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

5 JOSAL DRIVE, BARRINGTON, RI 02806

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

VICTOR TEIXEIRA

President

5 JOSAL DRIVE, BARRINGTON, RI 02806

Vice President

Secretary

DOROTHY TEIXEIRA

Treasurer

5 JOSAL DRIVE, BARRINGTON, RI 02806

SEVENTH: Number of Shares authorized:

No. of Shares

Class

600

PAID

Series 18 1991

SECY OF STATE

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated JANUARY 14 19 991

Vic's Texaco Station  
(Name of Corporation)

By

Dorothy Teixeira

Title

Treasurer

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

C2

Corporate ID 0014505 Annual Report for the year 1990

FIRST: The name of the corporation is Vic's Texaco Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

SALE OF GAS - AUTO REPAIRS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

5 JOSAL DRIVE, BARRINGTON, R.I. 02806

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Victor Teixeira President 5 JOSAL DRIVE, BARRINGTON, RI 02806

Vice President

Secretary

Dorothy Teixeira Treasurer 5 JOSAL DRIVE, BARRINGTON, RI 02806

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

PAID

JAN 23 1990

SECY OF STATE

Dated JANUARY 25 1990

Vic's Texaco Station  
(Name of Corporation)

By Dorothy Teixeira

Title Sec.

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st.

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1989

FIRST: The name of the corporation is

Vic's TEXACO STATION INC

SECOND: It is incorporated under the laws of

Rhode Island

THIRD: Character of business, briefly stated, is

SALE OF GAS - AUTO REPAIRS

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address)

5 JOSAL DRIVE, BARRINGTON, R.I. 02806

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name             | Office         | Address                      |
|------------------|----------------|------------------------------|
|                  | Director       |                              |
|                  | Director       |                              |
|                  | Director       |                              |
| VICTOR TEIXEIRA  | President      | 5 JOSAL DRIVE, BARRINGTON RI |
|                  | Vice President |                              |
|                  | Secretary      |                              |
| DOROTHY TEIXEIRA | Treasurer      | 5 JOSAL DRIVE, BARRINGTON RI |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class |
|---------------|-------|
| 600           |       |

Series PAID

JAN 21 1989  
SECY OF STATE

Per Value  
or statement that  
shares are without  
par value

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
JAN 27 10 55 AM '89

EIGHTH: Number of Shares issued:

| No. of Shares | Class |
|---------------|-------|
|---------------|-------|

Series

Per Value  
or statement that  
shares are without  
par value

Dated: January 24 1989

Vic's TEXACO STATION

(Name of Corporation)

By Dorothy Teixeira

Title Secretary

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

14505

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1988FIRST: The name of the corporation is Vics TEXACO STATION, INCSECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is SALE OF GAS, OIL, etc  
RELATIVE TO A GASOLINE STATION

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 5 JOSAL DRIVE, BARRINGTON, R.I 02806

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name                    | Office         | Address                               |
|-------------------------|----------------|---------------------------------------|
|                         | Director       |                                       |
|                         | Director       |                                       |
|                         | Director       |                                       |
| <u>VICTOR TEIXEIRA</u>  | President      | <u>5 JOSAL DRIVE, BARRINGTON, R.I</u> |
|                         | Vice President |                                       |
|                         | Secretary      |                                       |
| <u>DOROTHY TEIXEIRA</u> | Treasurer      | <u>5 JOSAL DRIVE, BARRINGTON, R.I</u> |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value600

PAID

JAN 25 1988

EIGHTH: Number of Shares issued:

No. of Shares

Class

SECY OF STATE  
SeriesPar Value  
or statement that  
shares are without  
par valueDated: January 17 19 88JAN 22 1988  
JBNVics TEXACO STATION  
(Name of Corporation)By Dorothy TeixeiraTitle Treasurer

(Report must be signed by an officer)

if the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....14505.....

Annual Report for the year.....1987.....

FIRST: The name of the corporation is.....Vic's Texaco Station, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....Sale of Goods and

Relative to a gasoline station

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

5 Josal Drive, Barrington, R.I. 02806

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

VICTOR TEIXEIRA President

5 JOSAL DRIVE, BARRINGTON, R.I.

Vice President

Secretary

DOROTHY TEIXEIRA Treasurer

5 JOSAL DRIVE, BARRINGTON, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

PAID

JAN 15 1987

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

SEC'y OF STATE

Dated January 9, 1987

Vic's Texaco STATION  
(Name of Corporation)

By Dorothy Teixeira

Title Treasurer

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 14505 Annual Report for the year 1986

FIRST: The name of the corporation is Vic's Texaco Station, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Sale of Goods and Services  
Relative to a gasoline station

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

5 JOSAL DRIVE, BARRINGTON, R-I 02806

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Victor Teixeira

President

5 JOSAL DRIVE, BARRINGTON, R-I 02806

Vice President

Secretary

Dorothy Teixeira

Treasurer

5 JOSAL DRIVE, BARRINGTON, R-I 02806

SEVENTH: Number of Shares authorized:

No. of Shares

600

Class

01/23/86

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR

EIGHTH: Number of Shares issued:

No. of Shares

600

Class

PAID

0025M01  
CHER  
AMRE

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR

Dated January 11 1986

FEB 22 1986

Vic's Texaco Station, Inc

(Name of Corporation)

By

Dorothy Teixeira

Title

Secretary

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 85

FIRST: The name of the corporation is

VIC'S TEXACO STATION, INC

SECOND: It is incorporated under the laws of

R.I.

THIRD: Character of business, briefly stated, is

Sale of goods and services

FOURTH: If foreign corporation, address of its principal office

relating to operation of a gasoline station

FIFTH: Business address in Rhode Island (Bank reports will be mailed to this address) 424 Maple Avenue, Barrington, R.I. 02808

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name             | Office         | Address                       |
|------------------|----------------|-------------------------------|
|                  | Director       |                               |
|                  | Director       |                               |
|                  | Director       |                               |
| VICTOR FEIXEIRA  | President      | 5 JESSE DRIVE, BARRINGTON, RI |
| DEBORAH FEIXEIRA | Vice President |                               |
| VICTOR FEIXEIRA  | Secretary      |                               |
| DEBORAH FEIXEIRA | Treasurer      | 5 JESSE DRIVE, BARRINGTON, RI |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares

600

Class

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR

EIGHTH: Number of Shares issued:

No. of Shares

600

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated: October 4, 1985

1985

VIC'S TEXACO STATION, INC  
(Name of Corporation)

By: Deborah Feixeira

Title: Secretary

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is

VIC'S TEXACO STATION, INC.

SECOND: It is incorporated under the laws of

R.I.

THIRD: Character of business, briefly stated, is

SALE OF GOODS AND  
SERVICES RELATIVE TO A GASOLINE STATION

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this  
address) 5 JOSAL DRIVE, BARRINGTON, R.I. 02806

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name             | Office         | Address                         |
|------------------|----------------|---------------------------------|
|                  | Director       |                                 |
|                  | Director       |                                 |
|                  | Director       |                                 |
| VICTOR TEIXEIRA  | President      | 5 JOSAL DRIVE, BARR, R.I. 02806 |
| BAR              | Vice President |                                 |
|                  | Secretary      |                                 |
| DOROTHY TEIXEIRA | Treasurer      | 5 JOSAL DRIVE, BARR, R.I. 02806 |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares

600

Class

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR

EIGHTH: Number of Shares issued:

No. of Shares

600

Class

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR

Dated:

JAN 15

1985

VIC'S TEXACO STATION, INC.  
(Name of Corporation)

By

Dorothy Teixeira

Title

Vice President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040